PSYCHOSOCIAL IMPACT
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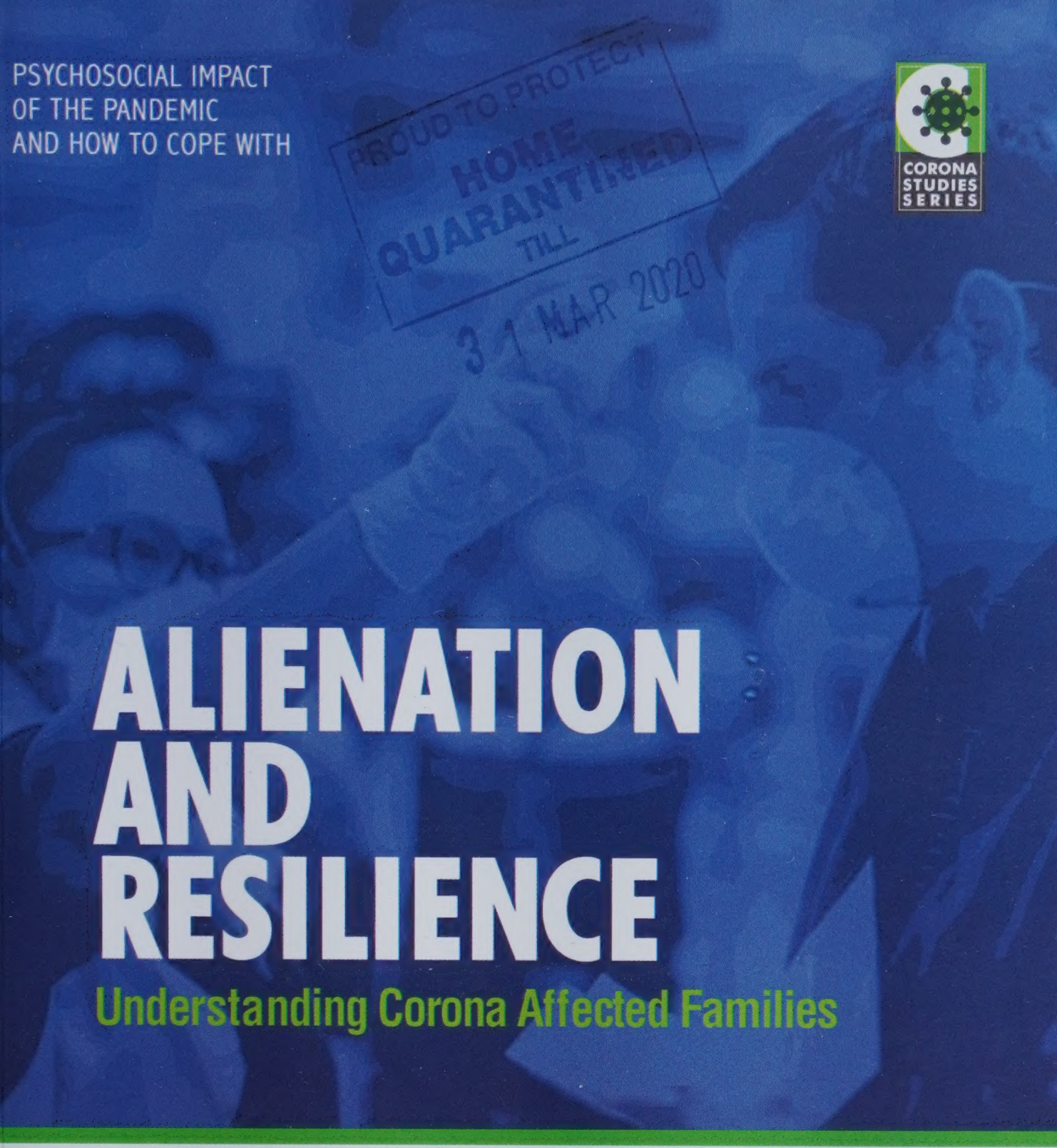

CORONA STUDIES SERIES

ALIENATION AND RESILIENCE

Understanding Corona Affected Families

Lead Researchers
Harsheeta ◆ Meena Arora

Dr Harsheeta, is Scientist 'C' in the Defence Institute of Psychological Research (DIPR), Defence Research and Development Organization (DRDO), Ministry of Defence, Government of India. An alumnus of University of Delhi, she holds a PhD in Psychology from University of Delhi, for her work in planning interventions for children with dyslexia. A specialist in the area of clinical psychology, personality assessment and personnel selection, presently she is contributing in research projects pertaining to resilience building for Indian Armed Forces soldiers, development of Psychological Tests for selection of Armed Forces Personnel and other research projects for the Indian Armed Forces and Para-military Forces. She has also served as a Psychologist in the Services Selection Board (SSB) for selection of Commissioned Officers for Indian Army, she has also presented several research papers in National and International Conferences of Psychology. She has authored a chapter titled "Conflict Resolution and Peace Building: Cultural Barriers and Facilitators" in *War or Peaceful Transformation: Multidisciplinary and International Perspectives,* a book published by Nova Sciences Publishers. She has also authored a field manual on Suicide Prevention for the Armed Forces, which is in wide circulation in Indian Armed Forces.

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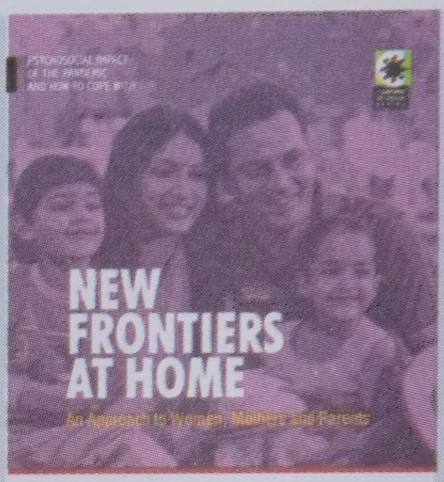

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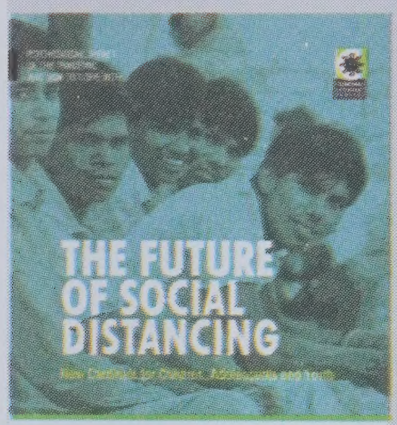

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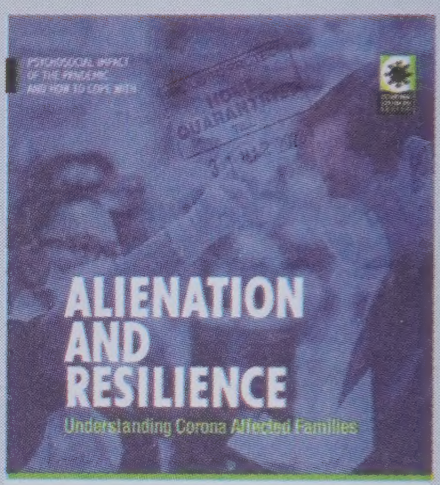

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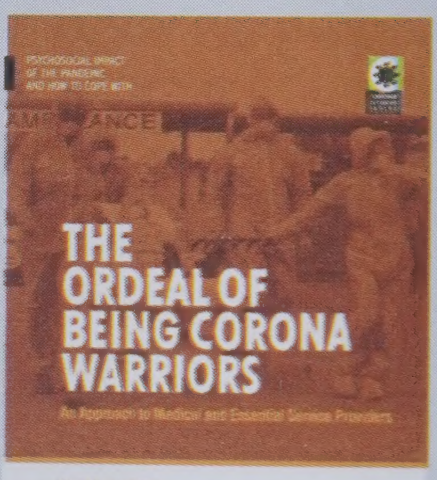
Harsheeta • Meena Arora

BOOKS UNDER THE SUB-SERIES

PSYCHOSOCIAL IMPACT OF THE PANDEMIC AND HOW TO COPE WITH

Lead Researchers
Jitendra Nagpal • Aprajita Dixit



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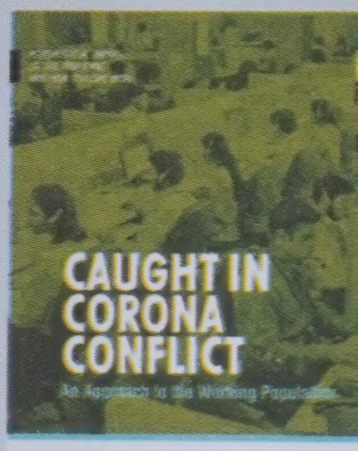

Lead Researchers
Jitendra Nagpal • Tarun Uppal

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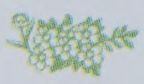
An Introduction to the Study



'The Psychosocial Impact of COVID-19 Pandemic and the National Lockdown in India'

Background

There comes a time in human history which demands and opens up new vistas of intended and unintended lateral thinking, decisions and action plans affecting the humanity as a whole. The global COVID-19[1] disease, which was first identified in Wuhan, China, in December 2019 and has (as of 1 May 2020) seen more than 3.27 million cases reported in 187 countries and territories, resulting in more than 233,000 deaths, is surely one of such defining human crises in contemporary times. The silver lining is that more than 1.02 million people have recovered as

1 On 11 February 2020, WHO announced the name of the disease as COVID-19, which as per www.cdc.gov is an abbreviation for 'Coronavirus Disease of 2019'. 'CO' stands for Corona, 'VI' for Virus, 'D' for Disease, and 19 stands for 2019, the year of its outbreak. Formerly, this disease was being referred to as 2019 novel coronavirus or 2019-nCoV.

well.[2] The disease was declared to be a Public Health Emergency of International Concern on 30 January 2020, and recognised as a Pandemic by the World Health Organization on 11 March 2020.

In India, the first case was reported on 30 January 2020, and till now (1 May 2020), as per the data of the Ministry of Health, Government of India, (https://www.mohfw.gov.in/) 35365 cases have been reported of which 25148 were active, 9064 have been cured/discharged, have seen 1152 deaths, and 1 case has migrated.[3] On 11 March 2020, the Government of India announced that all States and Union Territories should invoke provisions of Section 2 of the Epidemic Diseases Act, 1897. This Act is a law which was first enacted to tackle bubonic plague in Mumbai (formerly Bombay) during British India. The law is meant for containment of epidemics by providing special powers that are required for the implementation of containment measures to control the spread of the disease.

Since Social Distancing (in Hindi being projected as *Do gaz ki doori*)[4] has been identified as the integral aspect of the prevention and a deterrent to the spread of this highly communicable disease, the Government of India went for a national Lockdown on the lines of such lockdowns announced in various parts of the globe

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2 COVID-19 Dashboard by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University (JHU), https://gisanddata.maps.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6

3 For an updated data please refer to the website of the Ministry of Health, Government of India, as referred to above.

4 There is already a debate about the use of the term 'social distancing', and it has been suggested that it should be called physical distancing or safe distancing etc. The present study, while using the term 'social distancing' to make it relatable in the present context, has advocated 'Say Yes to Social Distancing/And Say No to Emotional Distancing' in its on-line survey campaigns conducted by NBT. (Ed.)

by the respective countries battling the scourge of the Pandemic. The National Disaster Management Authority (NDMA), chaired by the **Prime Minister of India, Shri Narendra Modi**, 'in exercise of the powers under section 6 (2) (i) of the Disaster Management Act, 2005, (has) issued an Order dated 24.03.2020, directing the Ministries/Departments of Government of India, and the State/Union Territory Governments and State/Union Territory Authorities to take effective measures to prevent the spread of COVID-19 in the country.'[5]

The same day, a nationwide Lockdown was announced for 21 days by the Prime Minister in a national address, limiting the movement of the entire 1.3 billion population of India as a preventive measure against the 2020 coronavirus pandemic in India. The decision was taken after a 14-hour voluntary public curfew called 'Janata Curfew' on 22 March 2020. This was followed by enforcement of a series of regulations in the country's COVID-19 affected regions.

The Lockdown was placed when the number of confirmed positive coronavirus cases in India was approximately 500. It was extended on 14 April 2020 for another 19 days to end on 3 May 2020, with the guidelines to lift some restrictions from 20th April 2020 on some economic activities in areas not identified as hotspots or as containment zones. It needs to be seen how the future strategies[6] are adopted by the Government and the society at large in the long run to wage this battle against the COVID-19 Pandemic which is likely to be a long drawn one in the absence

5 https://pib.gov.in/newsite/PrintRelease.aspx?relid=200655

6 On 1st May 2020, the Government of India further extended the National Lockdown for two weeks from 4 May to 17 May 2020, with some economic activities and relaxations in areas demarcated as Orange Zones and Green Zones, and very little concessions in areas declared Red Zones. (Ed.)

of a vaccine, efforts to make which are going on in different parts of the world, including India. As per various reports[7], a vaccine is likely to be available on mass scale not before one[8] to two years[9].

The Study

Considered as the 'biggest corona lockdown' by the international media, the move was surely unprecedented in contemporary Indian history. It is a matter of great satisfaction to the members of this Study Group that the likely psychosocial impact of the Lockdown in the backdrop of Pandemic anxiety and the related likely behavioural issues were immediately identified as a crucial area to be looked into by the National Book Trust, India under its Research & Innovation Initiatives enabling the constitution of this Group on 27th March 2020 to prepare suitable reading materials as preventive mental and psychological health handbooks for different segments of the society.

As stated in the press release[10] announcing the constitution of this Study Group on 28th March 2020, this initiative of NBT was undertaken as part of its parent Human Resource Development Ministry's multi-dimensional approach to deal with the COVID-19 Pandemic under the leadership of the **Human Resource Development Minister, Shri Ramesh Pokhriyal 'Nishank'**.

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7 https://www.google.co.in/amp/s/www.businessinsider.com/coronavirus-vaccine-probably-wont-ready-before-end-2021-roche-2020-4%3famp

8 https://www.bloomberg.com/amp/news/articles/2020-04-11/coronavirus-vaccine-could-be-ready-in-six-months-times

9 https://www.google.co.in/amp/s/www.bbc.com/news/amp/health-51665497

10 https://pib.gov.in/PressReleasePage.aspx?PRID=1609029

The Study works on the basic premise that the Global COVID-19 Pandemic is going to change our lives in many fundamental ways. This has been recognised and expressed by the world leaders and the intellectual class as well during the last one month. Quoting the **Prime Minister of India, Shri Narendra Modi**, in his video conference with the Chief Ministers of different states of India on 8 April 2020, a report stated:

> "Life will not be the same again after COVID-19... there would be 'pre-corona and post-corona' for times to come.... Massive behavioural, social and personal changes will have to take place...We can see that the world has changed so much compared to pre-World War 2 and post-World War 2. Similarly, pre-corona and post-corona is going to change the entire world and we will have to think according to the change."[11]

Another report quoted **Dr Anthony Stephen Fauci**, one of the most respected American physicians and immunologists who is leading the US Government's Coronavirus Task Force, as saying on 7 April 2020:

> 'Normal' life around the world before the coronavirus pandemic struck may never return...gradually countries will again function as a society but...if you want to get to pre-coronavirus, that might not ever happen in the sense that the threat is there.... If 'back to normal' means acting like there never was a coronavirus problem, I don't think that's going to happen until we do have a situation where you can completely

11 https://www.ndtv.com/india-news/coronavirus-pm-narendra-modi-at-all-party-meeting-will-consult-chief-ministers-but-from-all-accounts-2208243

protect the population.... Ultimately, the showstopper will obviously be a vaccine...."[12]

Similarly, on a more optimistic and cautious note, **Dr. Mike Ryan**, executive director of the World Health Organization health emergencies programme, stated on 4 April 2020 about getting from the crisis to the post-crisis. In an article titled, *'Normal' will look completely different when this is all over,* published on CNN website, Ryan talked about "transition strategies" and said

> "each country needs a strong public health architecture, a massive investment in our capacity to do surveillance, contact tracing, isolation and quarantine, and a robust information system so that people know what to do and where to go if they are sick. And if we do that, we have a chance of transitioning back into a life, and economic and social life, that may, in some senses, not be the same again, maybe a more caring, engaged society with a better healthcare system, with better universal access to healthcare, with more social justice, and more care for each other, and that won't be a bad society to go back to."[13]

Highlights

We would first like to recall the statement released by the Study Group on 28 March 2020 alongwith the a press release announcing the constitution of the Group as cited above, which goes something like this:

> "This Study Group is deeply conscious of the challenging task assigned to it in the tough times of COVID-19 Global pandemic crisis. The Group heartily welcomes this visionary

12 https://www.aljazeera.com/news/2020/04/life-normal-coronavirus-scientist-200407101112133.html

13 https://edition.cnn.com/2020/04/04/politics/what-matters-april-3/index.html

initiative of National Book Trust, India. The Group will develop methodologies and practical tips to deal with situations, helped by easy-to-assimilate reading materials on various segments through research, virtual interviews and case studies. This shall help in overall empowerment and awareness to deal with the lockdown and keep the optimum emotional strength and courage."

Accordingly, the approach of the Study has been intensive, rather than extensive, since the Lead Researchers have relied more on their personal interviews and case studies, with the responses to the online questionnaire floated on 2 April 2020[14] acting as leitmotif to provide directions on the Community Perceptions. The particular interviews and case studies of various segments need to be read in detail to make out their full intensity and complexity.

However, it needs to be brought out that the fear of infection is the highest cause of anxiety among various segments of the society, followed by financial, and domestic issues. On the positive side, the break from daily routine and space for quality family time that the Lockdown has offered have come as a major source of joy and happiness for majority of the families. However, the initial shock as well as euphoria generated by the Lockdown would shift to reconciliation with the changed scenario (as expressed by the responses received to the announcement of the first extension of the Lockdown) with some deeper sense of introspection about the turn of events on both personal and social levels.

The apparent ease of work from home, online teaching, greater emphasis on e-learning in schools and higher education, connectivity with colleagues, friends, family, through virtual platforms have brought out fundamental interventions in day-to-day life of the

14 https://pib.gov.in/PressReleaseIframePage.aspx?PRID=1610324

people which would require a longer study. The present ongoing study would hope to tap the same to build upon **this zero-baseline study** so that the way the long term psychosocial impact of the Pandemic play up can be followed up and the necessary coping strategies are formulated accordingly from time to time.

The very idea of the nation of 1.3 billion under home quarantine sounds so daunting that it can impact the best of the strong-willed. However, human beings, by their very nature of adaptability, find ways to cope with the stressing situations, and also help others in the process. Actually, the mental and behavioural concerns are not exclusive to any special group: they are found in people of all age groups, societies, regions, and countries across the world. As **Steven Taylor**, a Professor and Clinical Psychologist in the Department of Psychiatry, University of British Columbia, and the author of *The Psychology of Pandemics*, found in his study on the impact of self-isolation during COVID-19 period in Canada and USA:

> "Still, there is some cause for optimism. The many people who volunteered to help others during the pandemic will experience renewed purpose and meaning in their lives. And those who adjusted better to self-isolation – that is, people who are open to new experiences, optimistic and emotionally stable – are more likely to fare well during and after the pandemic."[15]

In this connection, despite some of the disturbing issues of domestic violence, abuse, stigma associated with the Corona affected families as well as the sense of alienation that was encountered by the corona warriors, the general family value system as prevalent in India seems to have acted as an inbuilt deterrent to fight against

15 https://www.theguardian.com/commentisfree/2020/apr/07/life-never-return-normal-coronavirus-shape-generation

the massive onslaught of an invisible enemy. Thus, the family values and support system that Indian traditions have inculcated in terms of respect for the elders, and love, compassion and co-existence of all in the larger family structure need to be brought to the very foreground of our day-to-day living, since during these difficult times, that may be an important tool to keep the morale of the people at the optimum level as far as possible.

Similarly, it may not be out of context to underline that since there is a lot of stress on handwashing and general hygiene to protect oneself from COVID-19, the widespread emphasis on hygiene in Indian folk customs with their origins in our riverine culture may come handy. In this light, the continuing emphasis on Mahatma Gandhi's dictum of 'cleanliness as next to godliness' through mass-based programmes like 'Swachh Bharat' should be able to strengthen the need and resolve to keep the agenda of personal hygiene and community cleanliness on the high pedestal in the post-Corona times as well.

Further, the physical and mental fitness & harmony that the Indian system of YOGA teaches us needs to be taken more seriously and with a sense of purpose by the society at large as that will keep us in good stead for a long period of time. In fact, in all segments on 'Coping strategies', Yoga has been advised as a natural remedy and therapy to tide over the anxieties as well as for strengthening the immune system.

Coming to the Community Perceptions pertaining to the present Study, the responses as received between 2 April and 7 April 2020 (to gauge the impact of the first two weeks of Lockdown which can be considered the most crucial period of the present complex times) were taken into account for the purpose of making a statistical representation in each segment.

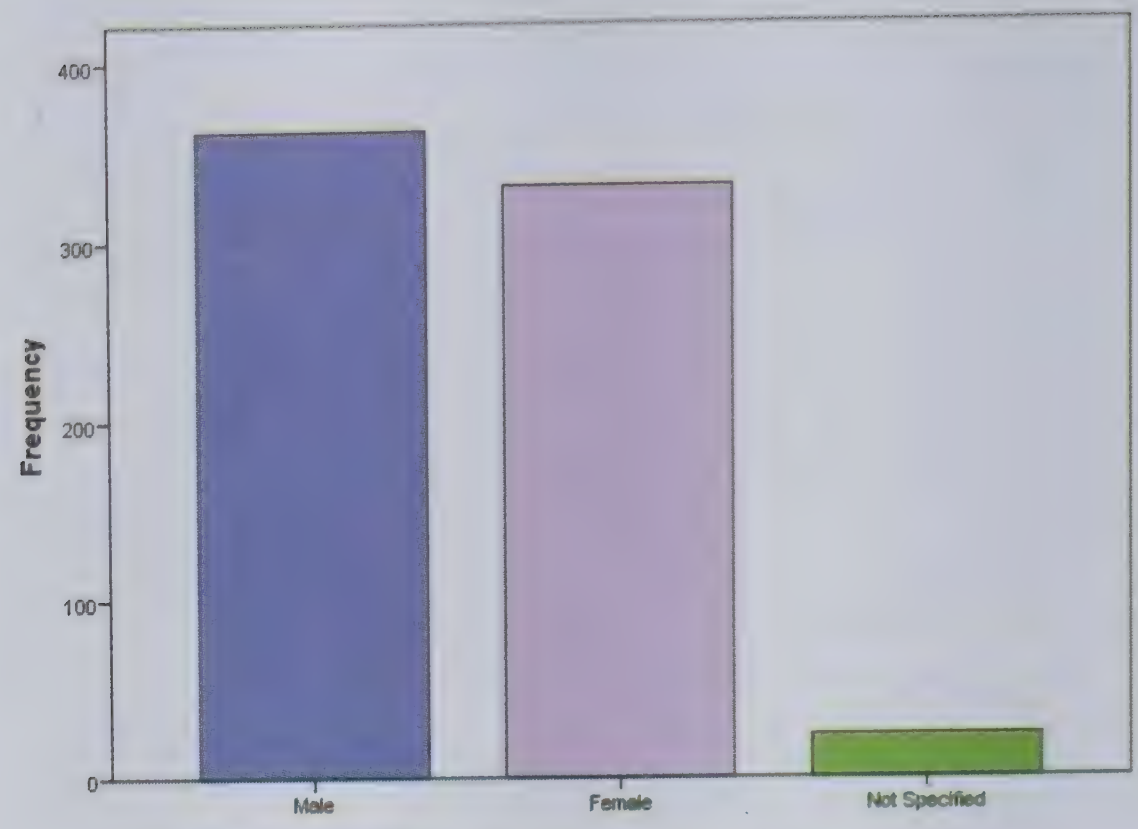


Figure 1: Gender of the participants

Overall, during this period, 725 responses were received across all segments of which 50% respondents were male, and 46% female, and the rest were unspecified. Under the head 'Location during the Lockdown' (which, in some cases, were found different from their usual location due to the Lockdown), the responses were received from 28 states of India, including a few from the members of Indian community settled abroad, for example, in Kuwait, UAE, Malaysia, Singapore, USA, UK etc. and some responses did not specify their location during the Lockdown. The majority of the respondents (41%) came to know about COVID-19 in January 2020, a good proportion (31%) were aware about it since December 2020, whereas 18.5% came to know about the disease in February 2020, and nearly 8% in March 2020. It may be mentioned that many of the respondents generally did not indicate their monthly/ annual income as asked for in the questionnaire.

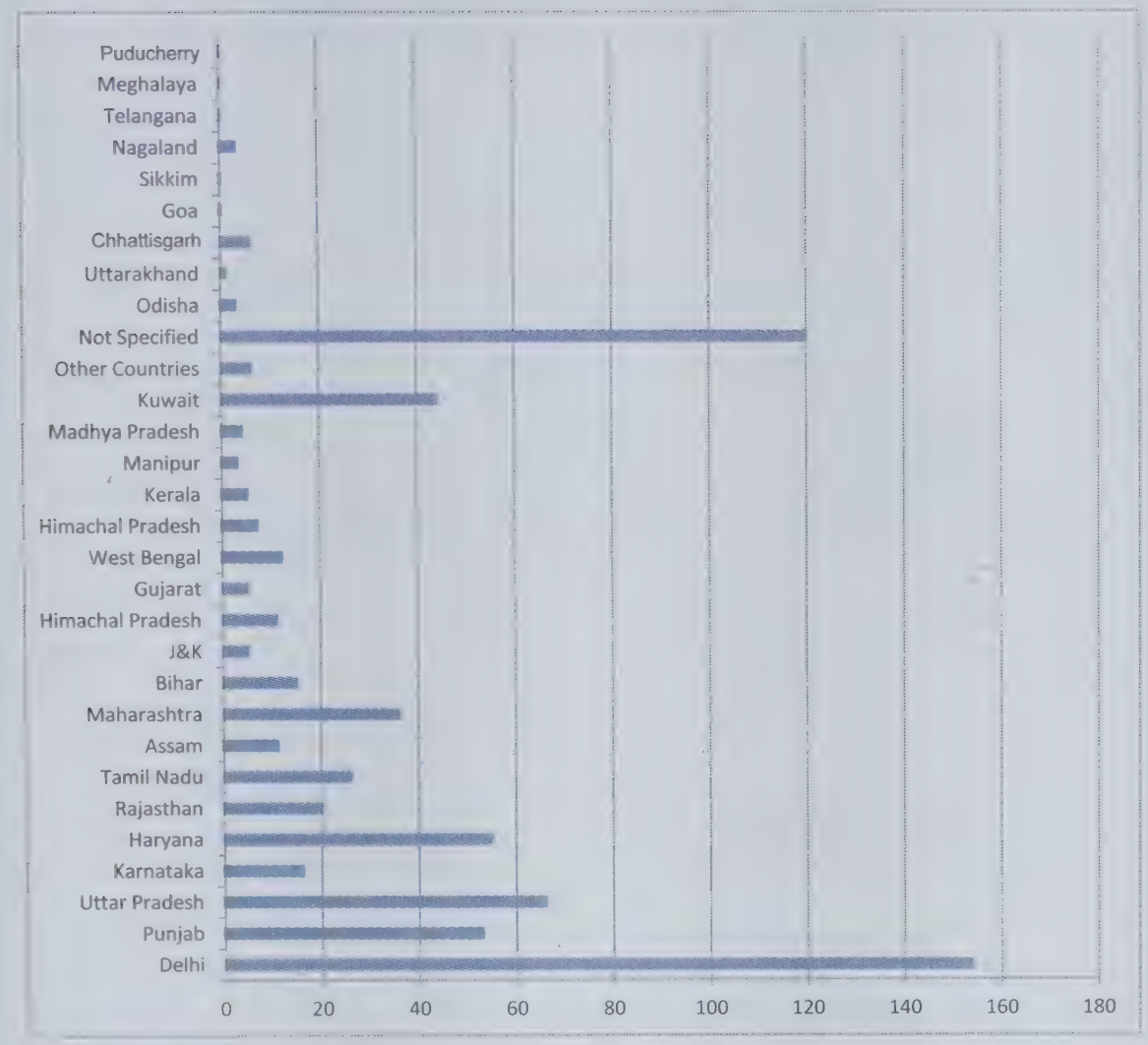


Figure 2: Participants' Geographical Location During Lockdown

The Internet was the major source of information for 41% of the respondents regarding first information received about followed by TV News Channels (26%), Newspapers (16%), Friends/Relatives/Colleagues (9.3%), and Various Sources (5%).

It is also to be noted that while there were higher number of the respondents filling up the questionnaire pertaining to the segments on 'Children, Adolescents, and Youth', 'Women, Mothers & Parents', and 'The Working Population', there were lesser number of respondents for other segments with the least response received for the segment 'Corona Affected Families', underlining the deeply entrenched alienation and stigma attached to the group.

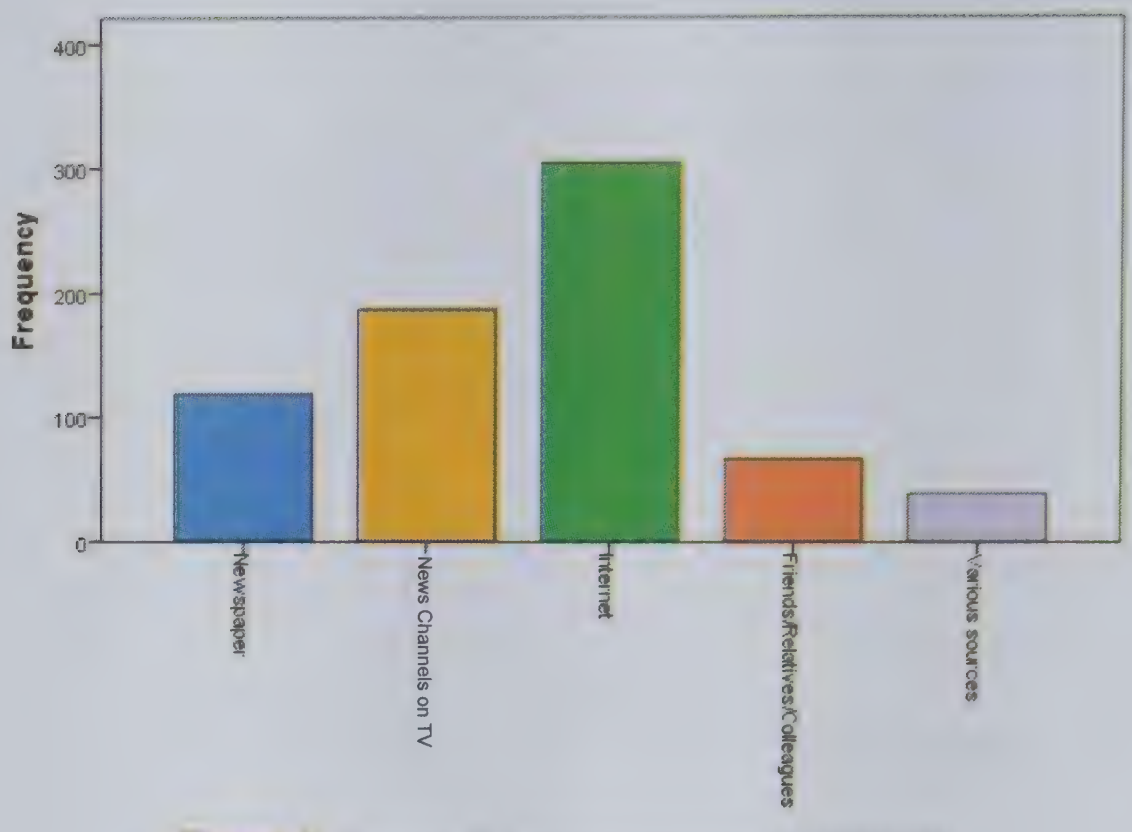


Figure 3: Source of information about COVID-19

Some Suggestions

The Study shows that in the post-corona times, as a nation we will do well to strengthen the **Preventive Mental Health** component of the National Mental Health Programme with emphasis on community-based mental health promotion as an integral part of public health awareness programmes and health promotion policies at local and national levels. **This may be undertaken on the lines of universal immunisation campaigns to train more intensively and prepare community to detect early signs and take steps for prevention of any psychological or emotional problems needing attention for timely care in the post-corona times.** Such a campaign may take into consideration the situational and growing mental health needs of the youth, the working population and other segments.

It is suggested that the awareness and preventive care pertaining to mental health may be integrated within a public policy approach that encompasses horizontal action through different public sectors, such as the environment, housing, social welfare, employment and education. This may generate a "win-win" situations across sectors, including a wide range of health, social and economic benefits, and go a long way in addressing the stigma attached to mental health support and interventions. **To put it simply, the crusade for post-corona times will have to be a multi-dimensional one with emphasis on Physical Fitness and Immunity, Socio-economic adaptations, and mass-based Preventive Mental Health programmes in order to prepare for a resilient and well-adapted society.**

The Study Group, with Dr. Jitendra Nagpal, Lt. Col. Tarun Uppal, Dr. Harsheeta, Sqn Ldr. (Rtd.) Meena Arora, Ms. Rekha Chauhan, Ms. Sonie Sidhu, Ms. Aprajita Dixit as expert members, and Shri Yuvraj Malik, Director, National Book Trust, India, and Shri Kumar Vikram, Senior Editor, National Book Trust, India, as official members, had all their official meetings during the Lockdown period through online medium, maintaining all norms of Social Distancing. The 12 noon and 8 pm WhatsApp Group meetings for many days became the leitmotif to bring up issues for brainstorming and sharing of ideas and notes, taking stock of the progress, and building up of a strong sense of camaraderie, all under extremely tight deadlines.

In this context, the Study Group gratefully underlines the overall guidance received from **Prof Govind Prasad Sharma, Chairman**, National Book Trust, India in the completion of the Study.

The Lead Researchers diligently developed the challenging task assigned to them in the tough times of the ongoing COVID-19

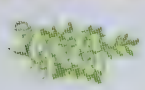
Global pandemic crisis with each member undergoing all the physical and psychological barriers imposed by the Lockdown. By the very nature of the Study, there was no scope for a face-to-face interviews or field visits to make, hence all interviews were done through tele or video calls. The Lead Researchers thereby have studied the Psychosocial Impact of Lockdown while themselves being under Lockdown, which makes the entire study a unique one, and lends a practical and academic credence to the whole exercise. More so, because the entire team of peer-reviewers, statistical analysts, copy-editors, illustrators, artists, proof-readers, production officers, and the personnel related to IT, PR, Sales etc., worked on and contributed to the project under Lockdown, while maintaining the mandated Social Distancing. In this context, one is reminded of the famous literary term of 'negative capability'—*when a man is capable of being in uncertainties, mysteries, doubts,..*—propounded by the great English Romantic poet, **John Keats** (1795-1821), to be able to achieve creative heights, a phrase which may have greater symbolic value in the present times of Corona Pandemic.

The Lead Researchers have developed and carved practical tips to deal with situations in the form of easy-to-assimilate reading materials on various segments through virtual interviews and case studies. It is hoped that this shall help in overall awareness, responsibility and empowerment towards dealing with the Pandemic, the precautionary Lockdown, and their impact on our society.

NBT STUDY GROUP
'Psychosocial Impact of the
Pandemic and How to Cope With'
CORONA STUDIES SERIES

1 May 2020
New Delhi

Preface



Today the world is witnessing an unprecedented situation regarding the COVID-19 Pandemic. Citizens across the world are united in this hour for battling a common enemy, which is invisible yet, potent and is threatening the physical and mental health of all world over. It is at such times, novel efforts are being made by all sectors, be it government agencies, healthcare professionals, civil administration and the like.

In this vein, the National Book Trust, India took upon itself a noble initiative to assess the psychosocial impact of the pandemic on Indian people. The aim was not only to understand the ways in which the pandemic has altered different facets of the lives of people but also to provide authentic information and guidelines on 'How to Cope' with the psychosocial challenges. For this purpose, a team of experts focused on different groups within the population to understand their unique concerns and suggest guidelines accordingly.

This study is dedicated to Coronavirus Affected Families. It aims to provide authentic information on COVID-19, its spread, precautions, associated myths and facts in the first section.

The subsequent sections provide insights drawn from the survey study conducted by the researchers to understand the impact of the pandemic on this subset of the population followed by the guidelines. The guidelines are simple steps that have theoretical and psychological rationale. The unique restrictions during the Lockdown period, quarantine and isolation have also been factored in, hence the guidelines have been designed keeping this in view. However, it needs to be brought to fore that there were very few responses to the online questionnaire floated for this segment, which also underlines the high level of alienation and stigma being experienced by this segment.

The book is written in an easily comprehendible language and is made colourful and attractive for the benefit of the readers. Through this study, we aim to contribute in the knowledge pool regarding the pandemic, especially the psychosocial impact in the Indian context.

We hope, this endeavour of ours, will provide knowledge and assistance to the readers in coping with the pandemic.

Harsheeta
Meena Arora

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Harsheeta
Meena Arora

Chapter 1

BASICS OF COVID-19

What is COVID-19?

COVID-19 is an abbreviation of 'Coronavirus Disease 2019'. It is a viral respiratory illness caused by a novel coronavirus named as 'SARS-CoV-2' that has not been found in people before. It was first identified in Wuhan, Hubei Province, China in Dec 2019.

Because this is a new virus, there are still things we do not know, such as how severe the illness can be, how well it is transmitted between people, and other features of the virus.

Symptoms of COVID-19

Patients with confirmed COVID-19 have had mild to severe respiratory illness with symptoms of:

- fever
- cough
- shortness of breath

Some patients have had other symptoms including muscle aches, headache, sore throat, or diarrhoea. These symptoms may appear 2-14 days after exposure to the virus.

What if I develop symptoms?

If you have travelled to any COVID-19 affected country or city, or have had contact with someone known to have COVID-19 and/or develop symptoms such as fever, cough, and difficulty breathing and shortness of breath, take the following actions:

- Seek medical care right away. If you can, please call your doctor or emergency room before seeking care and tell them about your travel or close contacts, and your symptoms.
- Avoid contact with others. Resort to self-quarantine till medical care is received.
- Avoid travel while sick.
- If you have symptoms of a respiratory disease (these include fever, coughing, muscle aches, sore throat, and headache), you should stay home for at least 7 days, and for 3 days with no fever and improvement of respiratory symptoms—whichever is longer. (Your fever should be gone for 3 days without using fever-reducing medicine.)

What is the risk, if infected?

- Many cases have mild or moderate illness and may not require a clinic visit and most do not require hospitalisation.
- Those at highest risk for severe illness include older people or those that have certain underlying health conditions. These include such high-risk conditions as a blood disorder, chronic kidney disease, chronic liver disease, compromised immune system, late term or recent pregnancy, endocrine disorders, metabolic disorders, heart disease, lung disease, neurological conditions.
- It is best to check with a healthcare provider to see if you are considered high risk.

COVID-19 is a new virus and
there are things
that we still do not know about this.

The Pandemic - How it spreads

- The virus is thought to spread mainly from person-to-person through respiratory droplets produced when an infected person coughs or sneezes.
  - It spreads between people who are in close contact with one another (within about 6 feet).
  - These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
- It is also possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes. Washing your hands and cleaning frequently touched surfaces often is a good way to prevent you from getting COVID-19 from touching surfaces.

The virus spreads most easily when a person has symptoms and is coughing or sneezing. Some spread might be possible even before people show symptoms (when they are asymptomatic).

Methods of Prevention/Protection & How they work

Avoid touching eyes, nose and mouth with unwashed/ unsanitised hands/objects: Hands can pick up viruses as they come in contact with many surfaces. It can then transfer the virus to your eyes, nose or mouth. From there, the virus can enter your body and can make you sick.

Washing with soap: Viruses such as coronavirus have their genetic material encased in a layer of fat called the lipid envelope. Since the chemical bonds holding the virus together are not very strong, the soap molecules are able to break the lipid envelope of the virus, thus disintegrating the virus RNA into its components which are then removed by water.

Alcohol-based hand sanitisers: Like soap, the alcohol present in hand sanitisers dissolve the lipid envelope, thus inactivating the virus. In addition, the alcohol also tends to change the shape of the mushroom-shaped protein structures that stick out of the lipid envelope. The mushroom-shaped protein structures help the virus to bind to special structures found on human cells and enter the cells. To be effective, the sanitisers should contain at least 60% alcohol.

Unlike soap lather, the alcohol does not come in contact with all parts of the hand. So, care needs to be taken to use sufficient sanitiser to increase the coverage. Unlike water, alcohol run does not remove the dead viruses from the hand. While a sanitiser can quickly reduce the number of microbes, it does not get rid of all types of germs and is "not as effective when hands are visibly dirty or greasy".

Practice respiratory hygiene: Cover your mouth and nose with your bent elbow or tissue when you cough or sneeze. Then dispose of the used tissue immediately.

Using a mask: An article published in the *Journal of the American Medical Association* (JAMA) says there is no evidence to suggest that masks worn by healthy individuals can help prevent infection. However, another study says: "Mask wearing was associated with reduced secondary transmission and should be encouraged during outbreak situations."

Transmission through droplets from coughing and sneezing is one of the major routes of virus spread. Hence, if worn properly, masks may be effective in preventing transmission of coronavirus. Even the World Health Organization (WHO) says wearing a medical mask is "one of the prevention measures to limit spread of

certain respiratory diseases, including novel coronavirus (SARS-CoV-2), in affected areas".

Social distancing: The WHO says that one should maintain at least 1-meter (3 feet) distance between oneself and anyone who is coughing or sneezing. This is because when someone coughs or sneezes, they spray small liquid droplets from their nose or mouth which may contain virus. If one is too close, one can breathe in the droplets, including the COVID-19 virus if the person coughing has the disease.

How can I protect myself and my family?

- Wash your hands often with soap and water for at least 20 seconds. Use an alcohol-based hand sanitiser only if soap and water are not available.
- Avoid touching your eyes, nose, and mouth as much as possible.
- Cover your mouth and nose with a tissue or sleeve (not hands) when coughing or sneezing.
- Clean and disinfect frequently touched objects and surfaces.
- Stay home when you are sick.
- Avoid contact with sick people as much as possible.
- Avoid non-essential travel.
- The Centers for Disease Control and Prevention (CDC), the US agency charged with tracking and investigating public health trends, does not recommend that people who are well need to wear a face mask to protect themselves from respiratory diseases, including COVID-19. Face masks should be used by people who show symptoms of COVID-19 to help prevent the spread of the disease

Avoid travel while sick.

to others. The use of face masks is also crucial for health workers and people who are taking care of someone in close settings (at home or in a healthcare facility). However, face masks may be used as a preventive measure while visiting crowded public places.

Some Facts

According to a recent study published in the *New England Journal of Medicine*, SARS-CoV-2, the virus that causes COVID-19, can live in the air and on surfaces between several hours and several days. The study found that the virus is viable for up to:

- 72 hours on plastics
- 48 hours on stainless steel
- 24 hours on cardboard
- 4 hours on copper
- 3 hours in the air

The fact that virus can last on plastic for 72 hours sounds really scary. However, what's more important to understand is the amount of the virus that remains. It's less than 0.1% of the starting virus material. Infection is theoretically possible but unlikely at the levels remaining after a few days. The safe way is to periodically wipe the surfaces with soap solution/alcohol-based sanitising solution.

While the *New England Journal of Medicine* study found that the COVID-19 virus can be detected in the air for 3 hours; however, respiratory droplets sink to the ground faster than the aerosols produced in this study. This means that the risk of catching the viral infection from air is minimal unless someone infected sneezes or coughs within 6 feet of your face and/or

you happen to inhale the air containing the emitted respiratory droplets within a few minutes.

How does the virus that causes COVID-19 compare with other coronaviruses, and why are we seeing so many more cases?

The *New England Journal of Medicine* study suggests that the stability of SARS-CoV-2 is very similar to that of SARS-CoV-1, the virus that caused the 2002-2003 SARS global outbreak. In addition, researchers believe people can carry high viral loads of the SARS-CoV-2 in the upper respiratory tract without recognising any symptoms, allowing them to shed and transmit the virus while asymptomatic. This long gestation period is what has facilitated it to turn into a pandemic. This explains the need for self-quarantine for 2 weeks in case of any contact with/visit to infected persons/places.

Some Myths

"With COVID-19, because of the growth of social media platforms in recent years, information is spreading faster than the virus itself," WHO social media manager, Aleksandra Kuzmanovic told CNN. The WHO calls it *'infodemic - an overabundance of information'* – some accurate and some not – that makes it hard for people to find trustworthy sources and reliable guidance when they need it.

General Myths and Facts

Myth 1: ***COVID-19 virus cannot be transmitted in areas with hot and humid climates. Once the summer season arrives and the weather warms up, the virus won't survive.***

Fact: From the evidence so far, the COVID-19 virus can be transmitted in ALL AREAS, including areas with hot and humid weather. There is no evidence that the weather or indoor temperature affect the survival of the COVID-19 virus on surfaces. Hence, regardless of climate or ambient temperature, everyone should adopt protective measures if one lives in, or travels to an area reporting COVID-19.

Myth 2: ***The new coronavirus can be transmitted through mosquito bites.***

Fact: To date there has been no information or evidence to suggest that the new coronavirus could be transmitted by mosquitoes. The new coronavirus is a respiratory virus which spreads primarily through droplets generated when an infected person coughs or sneezes, or through droplets of saliva or discharge from the nose.

Myth 3: ***Eating garlic helps prevent infection with the new coronavirus.***

Fact: Garlic is a healthy food that may have some antimicrobial properties. However, there is no evidence from the current outbreak that eating garlic has protected people from the new coronavirus.

Myth 4: ***Drinking water every 15 minutes will prevent you from contracting the virus.***

Fact: Trudie Lang, a professor at the University of Oxford, who specialises in global health, told that washing away a respiratory virus is impossible.

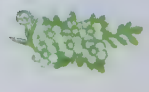
Myth 5: ***If you can hold your breath for ten seconds without discomfort, you don't have COVID-19.***

Fact: According to Gavin Macgregor, an infectious disease expert, most young patients with coronavirus will be able to hold their breaths for much longer than 10 seconds. At the same time, many elderly people who don't have the virus might not be able to do it. [Many social media posts and forwarded messages attribute this myth to Stanford University, but the official from the university has claimed that this news is fake and they are not responsible for issuing it.]

Myth 6: ***You can protect yourself from COVID-19 by swallowing or gargling with bleach, taking acetic acid or steroids, or using essential oils, saltwater, ethanol, or other substances.***

Fact: None of these recommendations will protect you from getting COVID-19, and some of these practices may be dangerous, says Lisa Maragakis, MD, MPH, Senior Director of Infection Prevention at Johns Hopkins University School of Medicine.

Chapter 2



THE PSYCHOSOCIAL IMPACT

Introduction

COVID-19 has proved to be a novel and unprecedented pandemic in modern times marked by several challenges at various levels for mankind across the globe. Hence it is understandably a challenging time for everyone around the world, more so for families where one or more members have been diagnosed with novel COVID-19. This is not only medically a cause of concern, but also brings with it a plethora of ambivalent mixed emotions and psychological stressors for the family members and caretakers.

It begins with the fear of being infected by the highly potent virus and if diagnosed positive, shock and anxiety follows. This then spiral into several other psychological, social and medical concerns that must be faced by the family. Your susceptibility to the disease depends on your immune system and any pre-existing ailment. While different families may experience these issues differently, yet there are some issues common to most families going through the rough waters.

To understand the concerns and challenges faced by the families affected by COVID-19, extensive research with primary

data has been conducted. For the purpose of this study, quite a few families in India were interviewed telephonically.

To understand the mindset of people and to get a real picture, our team requested for tele interviews from few people, especially the ones coming from any foreign country in the month of March 2020. We must confess that most of the people simply denied the interview. Any such denial too comes with its own inferences furthering our cause of the study. We understand that this situation of crisis brings along the feelings of uncertainty, discrimination, and fear of any legal action. We would certainly like to thank those who cooperated with us and provided us with lots of insights.

The Study Approach

The research has been done using the following methodologies.

- Telephonic interviews
- Online questionnaires
- News and references of other researches

Based on the above responses, certain cases are selected as 'Case Stories' based on peculiar situations and backgrounds of people. This will help us understand their specific concerns & challenges and the ways of coping with the pandemic. Before we discuss the issues and challenges faced by the affected families, let us go through the detailed case story of a couple landing from Australia to get a realistic insight into the situation faced by such persons and families.

Case Study1

Sunny and Abhilasha were born and brought up in India and got settled in Australia a few years back. After two long years,

they could manage a 25 days holiday from their respective organisations. They had many plans, the grandest amongst them being a party with family and friends to celebrate their wedding anniversary.

The news of Wuhan City's novel Coronavirus was breaking the headlines. The couple did not pay much heed and thought that the virus will remain confined to the Great Wall of China. They continued their shopping and packing, but then a week prior to their departure from Melbourne, their pre-booked "China Airlines" cancelled all its flights.

Still, not realising the potency of the pandemic, they booked Singapore Airlines and eventually landed in New Delhi, India, i.e., six days prior to the festival of Holi. They experienced their first panic state when they were retained, for more than 4 hours, at the Airport as all the immigration arrivals were being screened for the symptoms of COVID-19. Every person in that airport lounge was anxious, scared and frustrated. Founding them clean, the authorities retained their contact numbers and cleared them to go. This not only made them happy but also relieved their family members of stress and fear that the couple might be carrying the virus. But then, was that screening enough?

They were well-received by family members at the airport and many friends with families came to meet them within the first three days of their arrival. Soon the news channels apprised that the pandemic engulfed Italy and Spain. The cases were being reported from many other countries and India too was not spared. As the number of affected persons increased within days and hours, the messages of social distancing started floating through media. The situation got so grave that India's Union Health Minister Dr Harshwardhan, in his tweet, requested people to avoid mass gatherings. Even the

Prime Minister Shri Narendra Modi decided not to celebrate the much-awaited festival of Holi.

Sunny and Abhilasha were still not worried as they had no symptoms. They celebrated the festival of colours with all the family members and friends. After the festival, Abhilasha went from Meerut, UP to Delhi to stay for a few days with her father.

The situation, for the couple, became stressful when all the flights back to Melbourne got cancelled. Most of the countries, including India, ceased international flights and travels. Then came the incident of a film singer, who returned to India from London on March 9. She was tested positive for COVID-19 in her hometown, Lucknow. Prior to which, she had been to different cities and attended parties with renowned political personalities.

This created a panic situation. People started looking at all the foreign returned with immense scepticism. Till then, the couple (and even the general public) did not know that the COVID-19 symptoms take time to manifest. A person may be infected and spreading the virus without knowing that he/she is infected until around a week or 10 days when the symptoms start showing, and they feel sick.

As they heard of the news of the singer getting legally charged for her negligence, they got quite worried. Forgetting about their wedding anniversary bash, they were then worried about their own health, legal actions and a guilt of possibly infecting their near and dear ones. The Airport authorities floated the data of people coming from abroad. Along with frequent visits from the office of the Chief Medical Officer, few anonymous people also called warning them to stay in quarantine. Their family and friends also started checking them up for symptoms and some even rebuked them for openly meeting people.

On asking about discrimination, Sunny rather came out quite positively. He could understand that everybody is scared and worried about themselves in this time of crisis. His friends and neighbours and even people from far off colonies started inquiring through house helpers and vegetable vendors about the couple's health and date of arrival in India. Some even called them directly and abused for not being in quarantine for initial days. To all this Sunny just said, "What would have happened had I been infected, I would have spread the potent virus to so many people?" With guilt, fear and remorse in his voice turned grave, and his eyes were wet.

Sunny has started work from home, while Abhilasha's company did not facilitate that and she will be on unpaid leave till she returns to Australia. Due to 21 days Lockdown, Abhilasha is in Delhi while Sunny is in Meerut. The recently married couple is now experiencing a long-distance relationship.

On being asked for any advice, Abhilasha wants to tell people to go through the rather stressful time with patience and avoid any animosity amongst themselves. As we are facing a never seen before crisis in the form of COVID-19 Pandemic, we must take care of ourselves and also be compassionate towards others. The couple stated that they were lucky not to have the infection, but in any case, one must follow the rules of self-quarantine, social distancing, and the mandated regular washing of hands.

Coping adopted by the couple & their family: Sunny and Abhilasha are living everyday moment by moment. While Sunny still has his job, Abhilasha is almost jobless. They are catching up with their few unread books and movies. Abhilasha is exploring new certification courses to apply for a better job and utilise the home quarantine constructively. They are also enjoying family time qualitatively, though living separately.

COUNSELLOR
There may be a quantum increase in number of distress calls being made to counsellors and psychologist.

Extrapolations

This story opened our eyes to the condition that a non-infected person and their family is going through, the plight of an infected person and their family must be way beyond our imagination. It is only 'natural' and 'normal' to feel tensed or depressed. Families are being weighed down by lots of psychological, social and financial issues. The evidence can be seen with the quantum increase in the number of distress calls being made to counsellors and psychologists globally and specifically in India. While some individuals seek psychological, social and emotional help, others may be hesitant to seek any form of support. This may be due to the fear of being ostracised because of the stigma/label attached. This becomes more severe for the families affected by COVID-19, individuals under quarantine or isolated for observation and persons coming from any foreign country.

Case Study 2

Savitri (name changed) lives in the slums of a metropolitan city in India. She works as a helper in the houses of affluent people. After persistent symptoms of cough and difficulty in breathing, she reported to a government hospital. There she was tested positive for the novel coronavirus.

Her history of being in different places and meeting various people, within the last one month, was traced. It was found that her husband, who worked as a guard in a house, caught the contagion first through his master who recently came from abroad. Although unaware, they were spreading the virus incessantly. Many poor people living in that slum were tested positive. These were the people working as daily wagers, conservancy staff, domestic helpers, guards and temporary labourers in construction and other works.

Savitri was only worried about her children. Both she and her husband were in a hospital isolation ward for more than 20 days. Although she cooperated with the authorities in giving her contact history, she was not much aware of the damage done, therefore, she had no regrets about spreading the disease.

The researcher asked her why she continued working despite the continuous messages and warnings by the government and the media for social distancing and Lockdowns. Savitri told them that her employees kept calling her, so she continued working in their houses. She also had the misplaced notion of making fortune out of her misfortune as she was one of the very few domestic helpers working at a higher price.

On being asked about her present concern after getting well and coming out of the quarantine period, She talked about her children and the forthcoming economic crisis. Both she and her husband were infected and quarantined for a month. All their employees have terminated their services. They wanted to go back to their village which is in a different state of India but could not travel due to Lockdown.

Savitri also told the researcher that their family was facing a lot of discrimination and abuses from the people in their slum area. The researcher asked her about the behaviour of the doctors treating her. Savitri confessed that the doctors were very considerate and nice.

Coping adopted by the family: Savitri and her family are living on some stored ration. They try to get food from the government agencies and people distributing necessities in goodwill. Despite the fact that the complete family was cured and tested negative, they were still facing abuse and discrimination. They are waiting eagerly for the Lockdown to get over so that they could return to their hometown.

Extrapolations

The researcher could draw few inferences from the above case study. These are listed below:

- The poor and daily wagers were not much aware of the gravity of the pandemic.
- They were still thinking about their survival and daily wages.
- Like Savitri, most of the helpers were trying to make fortune during this time of crisis. We cannot totally blame them because they were paid higher prices by the educated and much aware people living in better place.
- One is as safe as one's weakest link. And, for some, this weakest link comprises of guards, domestic helpers, cleaners, vegetable vendors and the like.
- We should take precautions but discriminating the victim and their families and abusing them is not correct. We must behave in a compassionate manner in such times of crisis.

So, let us first understand the impact of the COVID-19 pandemic, generally and on mental and emotional well-being. In a situation like this, in addition to be a major health concern for people world over, 'uncertainty', 'ambiguity' and 'fear' about various aspects further complicate the picture. Individuals are displaced, are locked down, discriminated and stuck at various places, many of them are away from their families. Normal life and routine are disrupted. Particularly during Lockdowns, individuals fear losing their job, delay in salary, difficulty in managing work, scarcity and non-availability of resources.

Vulnerability Factors

Vulnerable people are the ones who are at the highest risk of catching the disease and being adversely affected. It can be defined

as "the degree to which a population, individual or organisation is unable to anticipate, cope with, resist and recover from the impacts of disasters." *Environmental health in emergencies and disasters: a practical guide. (WHO, 2002)*

This practical guide further states that "Children, pregnant women, elderly people, malnourished people, and people who are ill or immunocompromised, are particularly vulnerable when a disaster strikes, and take a relatively high share of the disease burden associated with emergencies. Poverty and its common consequences such as malnutrition, homelessness, poor housing and destitution – is a major contributor to vulnerability."

In the case of the recent pandemic, the definition does not end here. It extends to people coping mentally and physically with isolation, discrimination, guilt, and fear of spreading the disease, locked down away from families, financial standstill and future uncertainties. Since COVID-19 is a new disease and there is limited information regarding risk factors, the range and extent of vulnerability cannot be earmarked at this stage. Certain vulnerable groups may be listed below, for more clarity.

- Aged individuals and people with pre-existing chronic disease.
- Children and teenagers.
- Individuals in the healthcare sector working with patients of COVID-19.
- Daily wagers and small-scale business owners.
- Agriculturists and farmers due to lack of labour and workers.
- Individuals who have mental health conditions including problems with substance use, anxiety, depression and the like.

- Families of individuals who are suspected or confirmed patients of COVID-19.

Everyone reacts differently to stressful situations. An individual appraises and responds to the pandemic and the challenges associated with it according to their background, lifestyles, different life situations and circumstances, age group, community one lives in and their financial health. Psychologically vulnerable may experience heightened levels of stress, anxiety and depression.

The panic and anxiety associated with the COVID-19 pandemic are not completely unreasonable. The persons and families are bombarded with continuous questions like:

- What is the state of their family member in quarantine?
- How long will he/she stay away?
- What will happen to them in the hospital/ quarantine facility?
- Can we visit them?
- When will they recover?
- Can other family members and I get sick too?

Two concerning factors play a significant role in the psychosocial adversity during this situation. These are Separation and Uncertainty.

1. **Separation:** This refers to the separation of family members from each other during the Lockdown and quarantine period. A Lockdown, especially due to COVID-19 in India, is a type of crisis management. The Government has imposed heavy restrictions on people moving from one place to another. They must stay within the confines of their homes. Although it allows for the essential supplies, grocery stores, pharmacies and banks to continue to operate, severe travel restrictions have left most people

stranded in places away from their hometown and loved ones.

The practice of quarantine is to keep such people in isolation and observation who have been infected by the transmissible disease or suspected (i.e. not confirmed) to be infected. This public health practice is to protect the public from getting exposed to such persons. Nonetheless, this is psychologically making people feel anxious and depressed.

2. **Uncertainty:** Since COVID-19 is a novel virus, health experts, globally, cannot tell with confirmation its nature and further course of events. Therefore, both infected and non-infected persons are going through a plethora of uncertainties. They are worried about their own health and the wellness of the near and dear ones. People may be carrying and spreading the disease and not knowing about it. The ambit of uncertainty does not end here. While people on essential duties are prone to catching the disease, people with work and business related to non-essential services are undergoing financial crisis. The future seems hazy with ever increasing cases of infected people.

Here our endeavour is to identify certain issues and challenges faced by individuals due to the pandemic and Lockdown and thereafter suggest some measures on how to effectively and productively cope with these issues and challenges. The primary focus here would remain on the families affected by COVID- 19.

Issues and Challenges

In the present situation, when everyone's mind is looming with fear and anxiety, the challenge in front of the people and their

families affected by the COVID-19 pandemic is unimaginable. Our research team has telephonically interviewed few people who had suffered from the disease or were in the suspected stamped list. Few cases have been discussed in the previous chapter.

It is important to realise the physical, social, financial, and psychological hardships these families are going through. This will make us prepared and stand firm in case we fall in the same category. We must also know their agony to help them cope better with the situation and extend any support possible.

Let us now understand some of the concerns and challenges that are faced by families of COVID- 19 patients.

1. **Initial shock, fear and anxiety**

   There is a feeling of constant fear and anxiety around the possibility of a positive diagnosis for COVID- 19. It begins with the apprehension and anxiety experienced by individuals and family members, who have a travel history from affected places. They also have a higher chance of getting the virus by virtue of encountering individuals who have been tested positive. The 'What If' syndrome affects the psychosocial functioning of the individuals as they not only feel anxious and stressed out but this also affects their functioning in daily life and social interactions as one is clueless as to how one should deal with this situation.

2. **Understanding COVID-19 with its associated facts and myths**

   Amidst the heightened stress, anxiety and uncertainty, the individuals and families also struggle to gain knowledge about the virus, what it means and what implications would it have on their health, what will happen to them and their family members, what is quarantine, what will happen to them in quarantine and what sort of medical treatment will they

People worry about their own health
and the health of their near
and dear ones.

receive? These and many more concerns crop up in the mind of the individuals. Furthermore, this process is made more complicated due to the rumours and myths that also float in the environment, adding to the anxiety of the individuals affected by it.

3. **Issue of Stigmatisation**

One of the major concerns during such time is of stigmatisation of individuals belonging to a certain region/ ethnicity/ country which is associated with the origin of the virus. Additionally, individuals who are at the risk of getting the virus or individuals with a positive diagnosis and the ones associated with them are at a greater risk of facing social isolation and stigmatisation. This adds more stress and pressure for the individuals affected by COVID-19 and impacts their overall physical, psychological and social well-being adversely.

There are reports from across the globe, particularly in India where this fear has led individuals to hide and conceal their travel history, the experience of symptoms and association/ interaction with an affected person. This, in turn, makes them less likely to get timely medical help and treatment.

To illustrate the fear of stigma, it is pertinent to discuss the experience of the 20-year-old medical student who was the first person in India to be diagnosed positive for COVID-19. After she recovered and completed the home quarantine period, she found that she and her family members were targeted on social media[1]. Their details, names, and photographs, along with her father's profession were flashed on social media, which upset her a lot. She said:

1 The Times of India

"I didn't want my family to face any stigma or isolation. I took up the matter with the health authorities and they promised they will take care of it. They kept their word."

The medical student still requests for not revealing her identity as there is still looming fear of stigmatisation.

To further highlight this, a 65-year-old person who has been recently discharged from the hospital after recovery reported:

"Happy I am alive, but I fear discrimination once I return home."

Based on the responses received from the survey, families affected by COVID-19 reported experiencing extreme forms of ostracisation, stigmatisation, and discrimination by relatives, neighbours, domestic help, etc. This has become a major source of stress for them.

4. **Caring for the loved one while ensuring own health**
   The next challenge that emerges to an affected family is how to provide care, support, affection, assistance to their family members who may be affected, especially given the restrictions of Lockdown and quarantine. Since the virus spreads rapidly and the modes of its transmission are still being studied, it becomes a challenge for individuals to care and look after the affected family member while ensuring own health and safety. This serves as a source of emotional and psychological dilemma for the family members and brings forth with it an array of mixed emotions. In some cases, it could also lead to extreme forms of behavioural issues and distorted thought patterns like paranoia about getting the virus.
5. **Infodemic:** An infodemic is a newly coined term to refer to the information in abundance which may or may not be correct. Some infodemic may be created by using the

facts and data to manipulate the inference or the meaning altogether. To generate further confusion, these types of information keep changing. It's a challenge to validate the correctness of information produced and spread by today's media.

Correct and accurate information during this difficult time of COVID-19 Pandemic is very crucial for public safety and especially the families that are directly affected by the contagion. Many groups with vested unethical interests try to float fictitious and made-up content through online platforms. These can have serious adverse effects on the general public health and safety.

World Health Organization is making an effort to bring together scientists, public health workers, decision-makers, medical journalists, technology & social media platforms and civil society to develop a framework for interventions to help share reliable information while reducing misinformation, rumours, and myths about COVID-19.

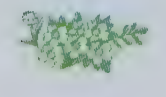
6. **The Financial, Professional & Educational Crisis:** The uncertainty regarding the Lockdowns and social distancing has brought the families and persons in a stalemate situation. Even if there is no Lockdown announced by the government officials, the fear of contracting the disease is well pronounced. Above all other considerations is the care of one's family members. This has posed a great challenge against educational institutions. They are taking classes through video and audio calls, but peer interaction is missing deeply. Many family's only earning members have lost their jobs and are broke professionally and financially.

The Outline: The current situation of the global pandemic is coming forth with innumerable challenges. The normal

It may be a challenge for individuals to care for affected family member, while ensuring their own health and safety.

way of living, working and growing have changed suddenly. As we all are coping with that, the fear of death, especially of our loved ones, makes us more than anxious. What is in store for our future, is a question looming in everyone's mind. While facing social stigma and discrimination, most of the persons and families are coping with the situation with vigour and positivity.

Chapter 3



HOW TO DEAL WITH IT

As this is a novel situation primarily marked by 'uncertainty', it leads to ambiguity, stress, apprehension, and anxiety. These emotions are further magnified when a family has one or more members as suspected or diagnosed cases of COVID- 19. The challenges could be at multiple levels: Medical, Psychological, Emotional, Societal and Financial. Changed routines, social distancing, and following medical protocols compel the family members to adapt to the new situation and cope with it too.

During any crisis situation, it is a natural response to feel stress and anxious. But as they say 'Life must go on' and to keep the life going, we must adapt and bounce back in the face of adversities, what we call as Psychological Resilience.

Our aim is to provide research based guidelines to bolster the psychological resilience of individuals in the times of the crisis and even beyond. Resilience, as shown by several empirical research findings from across the world suggests that psychological resilience depends on several factors or resources that an individual utilises while coping with adverse situations. Here, the authors have proposed a model of factors contributing to psychological

resilience of individuals in such adverse situations, particularly for the COVID-19 crisis.

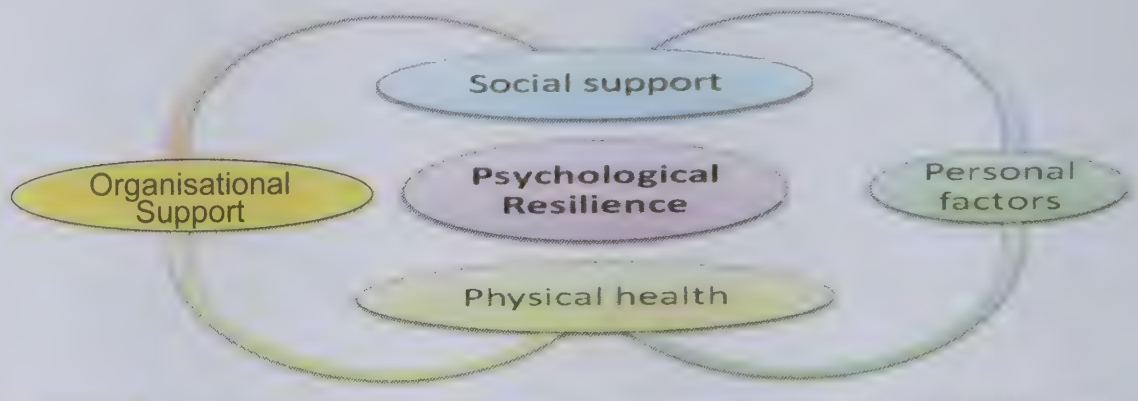


Figure 1: A Model of Psychological Resilience during COVID-19 crisis.

Here are some measures which could be useful in coping with this situation and such similar situations in a productive and constructive manner. Adopting these strategies would enable individuals to attain better psychological, emotional, physical and functional capability. The measures are simple steps and no external assistance/guidance is required in adopting these measures, and they are presented keeping in view the Indian context.

What To Do:

Dealing with Fear, Anxiety and Uncertainty

Firstly, remember it's natural and normal to experience these emotions in a crisis situation. How we cope with it, is what is important.

- **Calm yourself** by reminding yourself that 'you are not alone', there are thousands of individuals facing a similar situation as you are and there are thousands who are handling the situation well and are getting the right medical attention and care.

- **Have faith** in the agencies at different levels in your country who are tirelessly and selflessly working for the safety and health of the people of this country.

Several individuals in India who have undergone treatment for COVID-19 and have been discharged after treatment had appreciated the functioning and facilities provided by the healthcare agencies. For instance, the 20-year-old girl from Thrissur, Kerala who was the first in India to be diagnosed with COVID-19 shared with *India Today* saying:

"My home-quarantine period just ended. It was indeed a tough time for all of us. But I was totally surprised by way the machinery swung into action to tackle this crisis. I never thought a government system could be this efficient. Even after discharge, I am getting regular calls and messages from counsellors to help me emotionally. This has helped me a lot in seeing through the home quarantine period."

Similarly, a 45-year-old businessman from Delhi, the first person to be diagnosed and recovered from COVID-19 in Delhi shared with NDTV saying:

"There is no need to be scared. It is just like normal flu. If a healthy person reaches the doctor, our health system is well-equipped, and is one of the best in the world. The isolation ward is not like a two-by-two cell without sunlight. I am not a doctor but it was a little different than the usual cold and cough. I was at an isolation ward at Safdarjung that the government of India has created for this. The facilities were very good, it was among the best I have seen, even including private hospitals. I had a private room with a bathroom."

- **Own up and come out** with facts and share with the agencies involved in dealing with the pandemic. In this regard, it is

crucial to come out and inform the authorities if you feel you or your family member is at the risk of contracting the virus. This is important for you and your loved one's health as it would ensure that you get appropriate timely medical assistance. Hiding facts like travel history or contact with an infected person only puts your life and the life of others at risk.

- **Follow advice and guidelines** promulgated by healthcare professionals and other agencies with utmost sincerity. Remember, laxity in following advice given especially by healthcare professionals need to be followed. Whether on hospital admission, guidelines during isolation or quarantine, the key is to do as one is told. Negligence to follow doctor's advice could prove detrimental not only for the health of your loved one but also your own and others around. There are several individuals in India who have been successfully treated and discharged from the hospitals, this was only possible as they complied to the instructions, steps and guidelines given by healthcare professionals, etc.
- **Gain authentic knowledge** about the pandemic only from credible sources. The source of most of our anxiety is the 'fear of the unknown' and 'lack of information' which leads us to pre-empt things, worry about things that are uncertain for us. Hence, it is seen that when individuals gain authentic knowledge from credible sources like government websites, portals, and press releases; this can significantly help individuals to reduce the fear of the unknown. Additionally, stress levels are enhanced due to the rumours which are spread by certain individuals. This is unavoidable given the free access to social media and technology and this, in turn, leads to panic, especially for those who are in the thick of things or have a pre-existing

DOCTOR
Inform the authorities if you
or your family member is at risk,
ensuring timely medical assistance.

history of issues related to anxiety, depression and the like. Therefore, safeguard yourself from falsely believing rumours and relying on social media for information. Therefore, always ensure the authenticity of the source of information and distinguish facts from rumours, as facts can help to minimize fears. Some of the authentic sources are the WHO website and Press Information Bureau of India.

- **Educate yourself and stay informed** not only about the virus, how it spreads, precautions, treatment, etc. but also about the different provisions and facilities provided by the government for those affected by COVID-19 and their families. Information about the same will greatly help you in dealing with this situation by being aware of what to do and what not to. For instance, the government has released the list of labs where testing for COVID-19 is taking place in India, awareness about the same makes it easier for individuals to know where to go in case they experience symptoms associated with COVID-19.

To illustrate how knowledge and awareness about the virus positively impact the way an individual deal with it, we would highlight the response of India's first person to be diagnosed with COVID-19. She was a 20-year-old medical student, who had travelled from China and was under isolation at Thrissur's government general hospital. She reports that she had never imagined that she would be the one to get the first positive diagnosis in India. On 20 January 2020, through the news channels, she realised that it was her, which was later confirmed by the doctors as well. Once the doctors briefed her that she was the one infected, instead of getting upset over her plight, the medical student reacted in a calm and composed manner. As she is a medical student, she was well aware of the virus and had all

RUMOURS ABOUT COVID-19

Indians have better immunity so they will not suffer like Italy and USA.

Only the elderly will get affected as their immune system is compromised.

Turmeric and ginger cure this virus

Praying to God will not let this virus come close.

Vaccine is already available in the market.

the requisite information about it especially the low mortality rate, which helped her to deal with the situation in a constructive manner and also manage her emotions well. She reported:

"I was quite healthy and was not having any other diseases and hence, I was sure that I will come out of it. I also made my family confident."

Additionally, she called up around 20 of her friends and college mates who had travelled and interacted with her in the last few days, thereby acting responsibly. She informed them about her status and asked them to be careful too.[2] This balanced response was possible due to the awareness level of the medical student, thus emphasising the importance of authentic knowledge about the virus and how it helps us to respond in a calm, composed and constructive manner.

- **Avoid compulsive and overexposure to News**– Avoid constantly or suddenly watching, reading, or listening to news stories. It can be overwhelming to hear about the crisis and may lead to you feel anxious and distressed. Try to keep yourself engaged in other activities to shift your focus. Restrict yourself from constantly switching on to TV/ radio, instead fix the timings in a day to catch up on what is happening, for example, twice a day at a fixed time. This would limit your exposure to anxiety provoking news and images.

Responsibility Towards Own Physical Health

1. **Report symptoms- avoid negligence**
   During adverse situations especially like this one, an individual needs to ensure one's good health and also of

2 *The Deccan Herald, 2020*

those around. This aspect is particularly important for family members of individuals affected by COVID-19 or others who may have had contact with an infected person. Timely reporting symptoms and getting medical assistance is the key not only for one's own well-being but also for our loved ones as we would not want to pass on the infection to them, particularly to those who are the vulnerable group i.e. elderly, children and individuals with pre-existing health conditions. Therefore, coming out in the open and reporting to authorities about ones' contact, travel history or sign and symptoms, one might be experiencing is a crucial step.

2. **Take all necessary precautions**

   If you or your family member/s have been quarantined or hospitalised, follow all steps and guidelines. Even at home, follow all precautions like hand-washing, use of sanitisers, usage of masks and social distancing. Ensuring proper hygiene not only safeguards you and your family against the virus, but this will also prevent you from other illnesses. To remain healthy is an important step in this crusade against the virus.

3. **Eating healthy and immunity boosting foods**

   - In an attempt to keep the body healthy, it is also essential that one takes steps to enhance one's immunity. Some simple methods of enhancing immunity by natural means include intake of natural foods like ginger, cloves, garlic, turmeric, cumin, and coriander. All these ingredients are used in Indian homes and hence are easily available. Also, drinking warm water is a good practice to soothe the throat and warm off the virus as suggested by several naturopathy doctors from across the world.

- **Regular exercise** especially yoga asanas like Pranayam, Anulom Vilom, other breathing exercises, and meditation are advised to improve the functioning of the lungs and enhance immunity. Additionally, ensure adequate sleep and avoid alcohol, tobacco or any other type of toxic substances as research suggests that these things lead to unhealthy ways of coping and negatively impact the physical and mental health of a person in the long run. For more details on natural ways to enhance one's immunity, one can visit the AYUSH Ministry website (http://ayush.gov.in/event/ayurveda-immunityboosting-measures-self-care-during-covid-19-crisis) as they have given a detailed list of foods and steps to boost immunity during this period.
- **Cultivating hope, positivism and optimism**
  Research findings indicate that one of the most powerful ways to enhance immunity is by ensuring the experience of positive mood and emotions. Studies have indicated that individuals who experience positive emotions like happiness, optimism, hope, gratitude, etc. have better immune systems. Hence, despite the stress, one must endeavour to cultivate these emotions in self and others especially during quarantine or Lockdown phases where one needs to positively utilise one's time, in addition to enhance one's psychological and emotional well-being. There are several ways by which this can be achieved:
  - Listening to soothing music.
  - Indulging in a hobby or an activity one enjoys doing.
  - Enhancing your skill set by learning something new, for example, taking an online course or reading and learning a new skill.

- Practice mindfulness, relaxation and meditation activities. Several resources are available on the internet to learn and follow from.

There is strong research evidence to suggest that these activities lead individuals to experience higher levels of positive emotions and consequently enhance other areas such as immunity, creativity, higher stress tolerance, better problem-solving capacity, etc.

To emphasise the importance of these steps towards positively coping with the disease, the 20-year-old girl from Thrissur, Kerala, is the verbatim account of India's first person to be diagnosed positive for COVID-19. She highlights the importance of staying positive and engage in constructive activities for better healing. She says:

"I spent most of my days in the isolation ward praying, talking to family and friends on mobile, reading medical textbooks and pretty much about Corona."

She also reported that throughout her recuperation period, she was taking online classes from her college and kept updated with her subject. This certainly helped her utilising her time productively and also distracting her from unnecessary negative thoughts as she remained engaged through such activities.

- **Dealing with stigma/ stereotyping**

  This is understandably a unique concern for the families and individuals affected by COVID-19. The fear of being ostracised and stigmatised by others remains at the back of the mind for individuals who are either likely or confirmed cases of carrying the virus. Even their family members share the same concern for themselves. In this regard, WHO

has promulgated guidelines to sensitise people and avoid indulging in stigmatising people who are either affected by COVID-19, belong to a certain region/country or are associated with those affected. WHO has made clear that such individuals should not be referred as people with the disease as "COVID-19 cases", "victims", "COVID-19 families" or "the diseased". Rather they should be addressed as "people who have COVID-19", "people who are being treated for COVID-19", or "people who are recovering from COVID-19", and after recovering from COVID-19 their normal life will resume. It is crucial to note the emphasis to separate a person from having an identity defined by COVID-19, in order to reduce stigma.

To safeguard self and others around you from the fear of being stigmatised, one can keep in mind the following points:

- **Remember,** more than the stigma, your health is more important hence, do not conceal facts, symptoms or any relevant information.
- **It is all temporary.** The crisis, this situation and the stigma, everything is temporary, hence, do not lay undue importance on it.
- **Do not take things personally** as in this environment where everyone is facing difficulties of their own kind, some people are facing a novel challenge too.

Creating and Providing Social Support

As human beings are social animals, we benefit greatly from our social ties and support especially in the face of a crisis situation. Social support not only helps in generating more resources to help us function more effectively but also creates a psychological buffer, a support system from where we derive an emotional

HEALTH FIRST
COVID 19 is not a stigma
Be Safe
Don't Conceal Facts

and morale boost. Hence, it is advisable to connect to your friends, relatives, co-workers, family members, with whom you feel comfortable and can share your feelings, thoughts and concerns. Sharing of feelings, positive interactions and guidance from close associates help in relieving the pent-up emotions and helps to put things in perspective. As during such times, meeting people, social gatherings is not possible, therefore utilise different means of communication to stay connected to your social network.

Not only should one seek social support, but also provide it to individuals who are affected by COVID-19, for instance, individuals who are in isolation/ quarantine or hospitalised. Maintain regular contact with such individuals and provide emotional and morale support. Such steps not only assist individuals to cope better in a crisis situation, but it also strength social and emotional bonds. Hence, utilising this crisis to reconnect, bond and show your care and concern for the other is a productive step towards fighting this crisis together while strengthening relationships.

Additionally, one can also reach out to social contacts to seek help and assistance, especially where one has a family member or self affected by COVID-19 and one needs help with administrative, logistic or any other kind of support.

Personal Factors

In any crisis situation, capitalising on own strengths and taking care of one's emotional, physical and psychological health is crucial to optimally function during a protracted period of stress and uncertainty such as in this situation. Only when we are healthy and functional ourselves, can we look after and provide support to others around us. Hence, a measure to care for self is suggested below, while some others have been already discussed.

- **Care for self**
  Plan your activities and routine in such a manner that gives you ample opportunity to get adequate sleep and rest amidst work. Create a space for yourself to indulge in pleasurable activities which brings you happiness and solace. Exercise regularly to maintain good physical health. Practice meditation, mindfulness or yoga, etc., to reduce stress and anxiety, enhance calmness and balance in emotions. Follow a routine to bring predictability, order and discipline in your life as humans feel more comfortable in situations that are predictable, familiar and have order and structure. Remember, we have to prepare for a long journey to ensure good health, hygiene, care and precautions of self and others.

Organisational Support

What we imply by utilising organisational support as a resource in coping with this crisis is that: utilising all the support, provisions and facilities provided by the Central and State agencies while simultaneously complying to all the guidelines, precautions and restrictions issued by such agencies for our betterment. Remember, rights and duties go hand in hand. This is a crucial aspect as we need to have faith in the system. A similar sentiment is voiced by a 35-year-old woman in India, who has been recently discharged after treatment for COVID-19. She said:

"We always think system will betray us. But the care I got reinstalled my faith."

Caring for your loved ones

It will not be incorrect to say that the individuals most affected during a crisis are the ones whose one or more family members/

loved one is either suspected to or has been tested positive for the virus, is in isolation/ hospitalised or quarantined. For those of you who are in a similar situation, we suggest a few measures which you can adopt to help your loved ones/ other family members cope better in the present situation.

- **Accept the situation: Speak and Listen**
  In this situation, first and foremost step is to accept the reality and the new conditions of living given the DOs and DON'Ts. Accept your emotions and of others around you, especially the one affected by COVID-19. Be observant, sensitive and empathetic to the emotions of others in the family, and provide the required emotional support. Share your feelings and emotions in a gentle manner and also listen to others. Also avoid conflict with your family members which can result from anger, frustration, helplessness and fear. Be patient and gentle, and endeavour to manage yours and other's emotions well.
- **Staying connected despite distances**
  Using social media and other forms of communication like phone calls, video/audio messages to stay connected and provides the emotional support needed to the one who might be separated from the family due to isolation/ quarantine. This helps both ways as the family can observe progress and well-being of the loved one which is reassuring for the patient and the family too.
- **Focus on the positives and change the discourse**
  Find opportunities to amplify and share successful and hopeful stories, and positive images of others who have had a similar experience of COVID-19 or any other crisis and have recovered. For example, share stories of people who have recovered and have resumed their normal life, also of those

Play music

Listen to music

Read plenty of books.

Spend time painting or sketching.

who have supported a loved one during similar situations. Such sharing and focus on positives create a perspective of hope and optimism. Additionally, we should quote and discuss the number of individuals who have been cured and discharged rather than the number of casualties; this would certainly help to change the discourse from gloom to optimism. In India particularly, the number of recovered cases is proportionally high, hence these statistics should be focused upon more.

- **Recreate and maintain a routine**
  As discussed earlier, recreate a routine for self and others, especially during quarantine days and stick to it as it gives order and structure to an uncertain and unpredictable environment, it also works as a diversion technique.
- **Share responsibilities**
  Caring for a loved one who is affected by COVID-19 can be challenging and taxing at the same time. Hence, the family must distribute workload and duties to take care or look after the affected individual as this is emotionally, physically and mentally challenging for one person. The key is to keep members productively engaged so as to remain busy and engage in constructive pursuits aimed at helping the sick and other members to cope with the situation too. This will provide a sense of purpose and meaning to all.

For the Ones in Isolation

A recapitulation of all the points mentioned above as they equally apply to the ones in quarantine or isolation. Stay connected and maintain your social contact virtually or telephonically. Even when isolated, try as far as possible to follow your daily routines or create new routines. Follow all the guidelines and recommendations

issued by health authorities, including limiting your physical, social contact to contain the outbreak. During times of stress, identify and acknowledge your own needs and feelings, seek help and guidance in managing your emotions if you feel it's required, don't hesitate. Engage in healthy activities that you enjoy and find relaxing. Exercise regularly, get adequate sleep and eat healthy food to stay fit. Keep things in perspective and focus on the positives by having general faith in the government, healthcare and medical agencies, and essential service providers, who all are working tirelessly to keep us healthy and safe. It is desirable to cooperate with them and respect them. Avoid watching the news on COVID-19 constantly or keeping a track of numbers, this can cause anyone to feel anxious or distressed. Seek authentic information updates and practical guidance at specific times during the day from health professionals, WHO website and the Government of India portals only. Avoid listening to or falling prey to rumours that will make you feel uncomfortable.

To elucidate the significance of the above-mentioned points, here is a verbatim response of a young girl from Gujarat, who was the second person to be diagnosed with COVID-19 in the state. She has taken to social media to share her experience and she writes:

"During my treatment, I started reading survivor stories to motivate myself and shared my own experience online, people who had looked at me with fear, began sending me love and empathy."

Several other individuals in India, who have been successfully treated and have returned to their homes reported saying that to keep themselves positive and utilise their time better, some of them practiced yoga, watched movies on their phone, spoke to family members regularly through video-calls, etc. while some

others read books, practiced meditation and prayers as they found solace in these activities.

- **For people who have been released from quarantine**
  If you or someone you know has recently been released from quarantine, you should know what to expect, be prepared to accept it and actively work towards getting your life back to normal.

  In addition to the stress and separation that one has gone through, one must realise that different individuals will feel differently after being discharged. Some of the feelings could be:
  - A mix of emotions, including relief and ambiguity.
  - Concern and anxiety about own health and that of others in the family or around.
  - Stress from the experience of monitoring yourself or being monitored by others for signs and symptoms of COVID-19 and loss of privacy.
  - Sadness, dejection, or frustration because one may notice friends, colleagues, neighbours and other loved ones are exhibiting unfounded fears of contracting the disease from contact with you, even though you have been declared healthy and not in a contagious state.
  - A feeling of guilt for not being able to perform parental duties during quarantine and be there for the family.
  - Other emotional or mental health-related changes.

Activities to Enhance General Mental and Emotional Well-being

Here are some activities which have been scientifically proven to enhance positive mood, the experience of subjective well-being, self-esteem, creativity and better problem solving skills.

better emotional regulation, etc. Such research findings have been reported from different cultures and diverse age groups hence are applicable for all.

Activity 1: Count your blessings

In this activity, the individual is required to pen down all his/her blessings in life, things for which one is grateful for. This could be one's good health, good social relations, caring family, satisfying job, etc. One can even be creative about this activity by writing one's blessings on a chart paper, decorating it and sticking it in one's bedroom or can make such a list in the cell phone and set it as the wallpaper. The idea behind it is to keep reminding oneself of the blessings one has in life. This has been found to enhance happiness and feeling of gratitude in individuals, which is highly linked to better emotional well-being and resilience. This activity can be converted into a game as well, where individuals of a family sit together and discuss each one's list.

Activity 2: Express gratitude

Research findings in the area of ways of enhancing happiness and subjective well-being consistently point towards cultivating the emotion of gratitude. This emotion has been linked to several positive outcomes for individuals like increase in levels of happiness, better social relations, positive mood, etc.

For this activity, think about all the important people in your life, family, friends, relatives, colleagues, etc. who may have done something for you for which you are grateful to them. Reflect on these experiences and either call them up and tell them about your feelings, appreciation and gratitude that you feel for them or you could sit with your family members and

share such experiences. Verbalising such feelings not only make us realise how blessed we are and acknowledge the contribution of others in our lives, but also enhances social relations as the other also realise that you acknowledge and appreciate them and their contribution in your life, thereby fostering positivity in relations and strengthening social bonds.

Activity 3: Share and learn

In this activity, listen to/ read about/ share the stories of others who faced any type of crisis or challenge in their life and overcame it. Learning about other's success stories fosters 'hope' in us, which is required to face any challenge in life, big or small. Additionally, it broadens our thinking to different ways of solving a problem thus, enhancing our thinking process.

In this crisis situation of COVID- 19, read about or listen to stories and accounts of individuals who have successfully recovered and resumed their normal life. Indulging in this activity makes us more hopeful, positive and optimistic in our outlook.

Activity 4: Look for the silver lining

It is said that there is always a silver line in the darkest clouds and one should look for it. In this activity, you are required to pen down or reflect and share with your loved ones all the good/positive things which have happened even during these times of global crisis. For instance, many individuals in India have reported saying that they are actually happy spending time with family, not stressed out because of their busy schedule, doing things they had been postponing since long, etc. Additionally, some other ways of looking at this

There is always a silver lining to the darkest cloud. This is a time when Mother Nature is healing itself!

situation may include the positive effect the Lockdown has had on mother earth, the cleaner air quality due to reduced pollution. The idea behind this activity is to change one's perspective towards a more positive and constructive way rather than focusing on the gloom which fosters negative feeling.

Chapter 4

A PRAGMATIC PERSPECTIVE

The Road Ahead

At this juncture, it is also pertinent to highlight some guidelines which have been promulgated by WHO (2020), for the individuals and families affected by COVID-19 pandemic and also for different groups of population with regard to how to deal with the pandemic. The different groups are general population, health professional, aged person, individuals with pre-existing medical condition and their caregivers, caregivers of children and those in isolation. However, here we are only focusing on the general population and those in isolation. The guidelines are as follows:

Messages for the general population

1. COVID-19 has and is likely to affect people from many countries, in many geographical locations. When referring to people who are affected, do not attach the disease to any particular ethnicity or nationality. Be empathetic to all those who are affected, in and from any country. People who are affected by COVID-19 have not done anything wrong, and they deserve our support, compassion and kindness.

2. Do not refer to people with the disease as "COVID-19 cases", "victims" "COVID-19 families" or "the diseased". They are "people who have COVID-19", "people who are being treated for COVID-19", or "people who are recovering from COVID-19", and after recovering from COVID-19 their life will go on with their jobs, families and loved ones. It is important to separate a person from having an identity defined by COVID-19, in order to reduce stigma.
3. Minimise watching, reading or listening to news about COVID-19 that causes you to feel anxious or distressed; seek information only from trusted sources and mainly so that you can take practical steps to prepare your plans and protect yourself and loved ones. Seek information updates at specific times during the day, once or twice. The sudden and near-constant stream of news reports about an outbreak can cause anyone to feel worried. Get the facts; not rumours and misinformation. Gather information at regular intervals from the WHO website and local health authority platforms in order to help you distinguish facts from rumours. Facts can help to minimise fears.
4. Protect yourself and be supportive of others. Assisting others in their time of need can benefit both the person receiving support and the helper. For example, telephone to neighbours or people in your community who may need some extra assistance. Working together as one community can help to create solidarity in addressing the crisis together.
5. Find opportunities to amplify positive and hopeful stories, and positive images of local people who have experienced COVID-19. For example, stories of people who have recovered or who have supported a loved one and are willing to share their experience.

6. Honour carers and healthcare workers supporting people affected with COVID-19 in your community. Acknowledge the role they play in saving lives and keeping your loved ones safe.

Messages for People in Isolation

1. Stay connected and maintain your social networks. Try as much as possible to keep your personal daily routines or create new routines if circumstances change. If health authorities have recommended limiting your physical social contact to contain the outbreak, you can stay connected via telephone, e-mail, social media or video conference.
2. During times of stress, pay attention to your own needs and feelings. Engage in healthy activities that you enjoy and find relaxing. Exercise regularly, keep regular sleep routines and eat healthy food. Keep things in perspective. Public health agencies and experts in all countries are working on the outbreak to ensure the availability of the best care to those affected.
3. A near-constant stream of news reports about an outbreak can cause anyone to feel anxious or distressed. Seek information updates and practical guidance at specific times during the day from health professionals and WHO website and avoid listening to or following rumours that make you feel uncomfortable.

Suggestions for Psychologists, Psychiatrists and Counsellors

As the pandemic has posed an unprecedented challenge in front of all, it is a novel situation for the mental healthcare professionals too. Several countries have started help-line numbers where

psychologists and counsellors are attending calls of individuals facing panic, fear, hopelessness, depression and the like. The enormous increase in the number of these calls is alarming across the world, as it is in India. This is also an indicator of the need to provide psychological assistance to people especially in complicated situation such as Lockdown and social-distancing. Lockdown, quarantine and isolation are new concepts for individuals to adapt to and these lead to several other forms of psychological and behavioural issues for many.

In this situation, the mental healthcare fraternity must gear up to provide voluntary service to people in innovative ways given the restrictions posed by the spread of the pandemic and Lockdown.

In this regard, for psychologists and counsellors to be able to render help, they must keep the following in mind:

- This is a novel situation for all hence, our solutions and ways of reaching out must be creative too.
- We must be medically well informed about the pandemic; signs, symptoms and precautions so that we do not, in any manner convey incorrect information to individuals.
- Use technology to connect to people. Whether it is through telephone, WhatsApp, e-mails, YouTube channels or blogs, various psychologists from all over the country are providing their support through different platforms and spreading awareness and rendering psychological assistance.
- Voluntarily come out and offer your services depending on your expertise and things you can help out the country and people with.

The Format of the Online Questionnaire

Is your family affected by COVID-19?
Participate in a 5-minute questionnaire to study psycho-social impacts of Corona Pandemic and share your emotions and experiences.
Say YES to Social Distancing And NO to Emotional Distancing
Visit nbtindia.gov.in
#HelpUsToHelpYou

Social Media Campaign of NBT to Promote the Survey during Lockdown

Corona Virus (Covid-19) Affected Families: Study on Psycho-Social Impact of Corona Pandemic

NATIONAL BOOK TRUST, INDIA
Ministry of Human Resource Development

Study on Psycho-Social Impact of Corona Pandemic

Title: Corona Virus (Covid-19) Affected Families

ALIENATION AND RESILIENCE

Purpose: This research is being conducted to understand the psychological and social problems being faced by people coming from abroad, their families and other families affected by Covid-19.. Such people may or may not be infected.

Permission:This is not a compulsory survey. You may answer the questions only if you feel comfortable and inclined to help us in the survey.

Confidentiality: Your answers will not be used against you in any form. Your name and any information given by you will be kept confidential.

Please answer the questions below with as much detail as possible. There is no word limit. You may answer as many questions as you feel comfortable. You may use a separate word document to write your answers.

Name:

Your answer

Gender:

Your answer

Age:

Your answer

Nationality:

Your answer

Monthly Income: INR

- ◯ Below INR10,000
- ◯ INR 10,001 to INR 25,000
- ◯ INR 25,001 TO INR 50,000
- ◯ INR 50,001 to INR 75,000
- ◯ INR 75,001 to INR 1,00,00
- ◯ Above 1,00,00
- ◯ Other:

Profession:

Your answer

Family Size:

Your answer

Permanent Address:

Your answer

Location during Lockdown:

Your answer

Email Id:

Your answer

Contact No:

Your answer

1. When did you first hear about COVID-19?

- ○ Dec 2019 or earlier
- ○ Jan 2020
- ○ Feb 2020
- ○ Mar 2020

2. How did you learn about COVID-19 the first time?

- ○ Newspaper
- ○ News channels on TV
- ○ Internet
- ○ Friends/relatives/colleagues

3. What is the level of knowledge about COVID-19 available to you so far?

- ○ Adequate
- ○ Most of it is creating confusion
- ○ Information overload; not sure what to believe
- ○ Insufficient
- ○ Disturbing & scary

4. Do you feel the present situation challenging?

- ○ Yes
- ○ Somewhat
- ○ Maybe
- ○ No

5. Are you living with your family in the lockdown?

- ◯ Yes
- ◯ No

6. Are you facing any form of anxiety, insecurity & fear?

- ◯ Yes
- ◯ Somewhat
- ◯ No

7. Are you facing social discrimination in any form?

- ◯ Yes
- ◯ Somewhat
- ◯ No

8. Do you have proper quarantine facilities at your home?

- ◯ Yes
- ◯ Somewhat
- ◯ No

9. Are you getting adequate support from your employer ?

- ◯ Yes
- ◯ Somewhat
- ◯ No

10. Are you able to exercise, sleep and eat properly?

- ◯ Yes
- ◯ No
- ◯ Maybe

11. Do you feel any addictions for tea, coffee, cigarettes, alcohol, etc. How are you managing your cravings during lockdown?

Your answer

12. What precautions are you taking to keep yourself and others safe?

Your answer

13. What measures do you suggest quarantine could be made more purposeful & comfortable?

Your answer

14. In case you develop symptoms of the virus, what will you do?

Your answer

15. What emotions are your care takers and family members going through?

Your answer

16. How are you spending your time in the lockdown?

Your answer

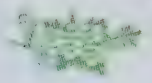
17. How are you managing your profession?

Your answer

18. What advice would you like to give to the affected families?

Your answer

Glossary



Pandemic: Pandemic is a worldwide spread of a disease. This is a higher order of magnitude than an epidemic. In other words, an 'outbreak' is the occurrence of disease cases in excess of what's normally expected; an 'epidemic' is more than a normal number of cases of an illness, specific health-related behaviour or other health-related events in a community or region; and a 'pandemic' is basically a *global* epidemic. Until now, the last pandemic was the H1N1 outbreak in 2009. But on March 11, the WHO declared the novel coronavirus a pandemic.

Symptomatic: Being symptomatic simply means someone is showing symptoms of a particular illness or a disease. For COVID-19, that would include things like fever, cough or shortness of breath.

Social Distancing: A way of preventing the spread of contagious illnesses, as suggested by the World Health Organization. "Social distancing" doesn't mean staying inside. It means keeping a generous amount of personal space—about three feet—in between yourself and anyone who is coughing or sneezing. This will prevent you from inhaling the majority of the droplets expelled by coughing or sneezing, which can carry the virus.

Quarantine: Separating and restricting the movement of people who were exposed to a contagious disease to see if they become sick. It is also done to people who are suspected to have been exposed to a disease and do not know it; as they may have got the disease but do not show symptoms.

Isolation: Separating sick people with a contagious disease from people who are not sick, like in an isolation ward/cabin in a hospital/healthcare facility. It is done to people who have got the infection, and/or showing the symptoms.

Home Quarantine: means that a person is confined to a well-ventilated single-room, preferably with an attached/separate toilet, in his or her own home. If another family member needs to stay in the same room, the two need to maintain a distance of at least 1 metre between each other and refrain from touching things touched by the affected person. It is done to people who are suspected to have been exposed to a disease and/or as they may have got the disease but do not show symptoms.

Janata Curfew: Janata Curfew means curfew for the people, by the people, imposed by the people upon themselves. Prime Minister had urged the people of India, to follow the janata curfew on March 22, 2020. On this day, from 7 AM to 9 PM, people were not supposed to go out of their houses.

Lockdown: A Lockdown is an emergency protocol to prevent people or information from escaping, which usually can only be ordered by someone in command. Lockdowns are also used to protect people inside a facility, area, city, or even a country from a dangerous external events, like - riots, terrorist action, or an epidemic. Under a Lockdown, all non-essential services, offices, shops and facilities are closed down; and all non-essential movement of people gets restricted.

The Government of India announced a nationwide Lockdown for 21 days from 24 March to 14 April 2020, to ensure social distancing as a preventive measure against 2020 coronavirus pandemic in India. The Lockdown was further extended from 15 April to 3 May 2020 with some relaxation on economic activities from 20 April 2020. The Ministry of Home Affairs has also issued guidelines for the essential services that will continue to function during the Lockdown.

Curfew: A legal order under which everyone in a specified area, zone or city must stay at home between particular times. This provision is especially during a war, riots, political trouble or epidemics & pandemics. Breaking curfew without permission is a legal offence and the violators are liable to be arrested/tried by law.

ANNEXURE

National Lockdown Guidelines

Government of India
NATIONAL DISASTER MANAGEMENT AUTHORITY
Policy & Plan Division
NDMA Bhawan, A-1, Safdarjung Enclave
New Delhi -110 029

No 1-29/2020-PP (Pt II) Dated 24th March, 2020

ORDER

Whereas, the National Disaster Management Authority is satisfied that the country is threatened by the spread of COVID-19, which has been declared as a pandemic by the World Health Organisation, and that it is necessary to take effective measures to prevent its spread across the country and for mitigation of the threatening disaster situation.

And whereas, experts, keeping in view the global experiences of countries which have been successful in containing the spread of COVID-19 unlike some others where thousands of people died, have recommended that effective measures for social distancing should be taken to contain the spread of this pandemic;

And whereas, there is a need for consistency in the application and implementation of various measures across the country while ensuring maintenance of essential services and supplies, including health infrastructure;

Now, therefore in exercise of the powers under section 6(2)(i) of the Disaster Management Act, 2005, the National Disaster Management Authority has decided to direct Ministries/ Departments of Government of India, State Governments and State Authorities to take measures for ensuring social distancing so as to prevent the spread of COVID-19 in the country. Necessary guidelines in this regard shall be issued immediately under section 10(2)(l) of the Disaster Management Act, 2005 by the National Executive Committee. These measures shall be in force for a period of twenty one days w. e. f. 25th March, 2020.

24/3/2020

Member Secretary, NDMA

To

Union Home Secretary,
North Block, New Delhi-110001

No.40-3/2020-DM-I (A)
Government of India
Ministry of Home Affairs
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Consolidated Guidelines on the measures to be taken by Ministries/ Departments of Government of India, State/Union Territory Governments and State/ Union Territory Authorities for containment of COVID-19 Epidemic in the Country, as notified by Ministry of Home Affairs Order No. 40-3/2020-DM-I(A) dated 24.03.2020 and further modified on 25.03.2020, 27.03.2020, 02.04.2020, 03.04.2020 and 10.04.2020.

1. Offices of the Government of India, its Autonomous/ Subordinate Offices and Public Corporations shall remain closed.
   Exceptions:

   a. Defence, central armed police forces.
   b. Treasury (including, Pay & Accounts Offices, Financial Advisers and field offices of the Controller General of Accounts, **with bare minimum staff**).
   c. Public utilities (including petroleum, CNG, LPG, PNG), power generation and transmission units, post offices.
   d. Disaster management and Early Warning Agencies
   e. National Informatics Centre.
   f. Customs clearance at ports/airports/land border, GSTN; and MCA 21 Registry **with bare minimum staff.**
   g. Reserve Bank of India and RBI regulated financial markets and entities like NPCI, CCIL, payment system operators and standalone primary dealers **with bare minimum staff**.

2. Offices of the State/ Union Territory Governments, their Autonomous Bodies, Corporations, etc. shall remain closed.
   Exceptions:
   a. Police, home guards, civil defence, fire and emergency services, disaster management, and prisons.
   b. District administration and Treasury (including field offices of the Accountant General **with bare minimum staff**)
   c. Electricity, water, sanitation.
   d. Municipal bodies- Only staff required for essential services like sanitation, personnel related to water supply etc.
   e. Resident Commissioner of States, in New Delhi ***with bare minimum staff***, for coordinating Covid-19 related activities and internal kitchens operations.

f. Forest offices :Staff/ workers required to operate and maintain zoo, nurseries, wildlife, firefighting in forests, watering plantations, patrolling and their necessary transport movement.
g. Social Welfare Department, ***with bare minimum staff***, for operations of Homes for children/ disables/ senior citizens/ destitute/ women /widows; Observation homes; pensions.
h. Agencies engaged in procurement of agriculture products, including MSP operations.
i. 'Mandis' operated by the Agriculture Produce Market Committee or as notified by the State Government.

The above offices (Sl. No 1 & 2) should work with minimum number of employees. All other offices may continue to work-from-home only.

3. Hospitals, Veterinary Hospitals and all related medical establishments, including their manufacturing and distribution units, both in public and private sector, such as dispensaries, chemist, Pharmacies (including Jan Aushadhi Kendra) and medical equipment shops, laboratories, Pharmaceutical research labs, clinics, nursing homes, ambulance etc. will continue to remain functional. The transportation for all medical personnel, nurses, para-medical staff, other hospital support services be permitted.

4. Commercial and private establishments shall be closed down.
Exceptions:
   a. Shops, including ration shops (under PDS), dealing with food, groceries, fruits and vegetables, dairy and milk booths, meat and fish, animal fodder, fertilizers, seeds and pesticides. However, district authorities may encourage and facilitate home delivery to minimize the movement of individuals outside their homes.
   b. Banks, insurance offices, and ATMs including IT vendors for banking operations; Banking Correspondent and ATM operation and cash management agencies.
   c. Print and electronic media.
   d. Telecommunications, internet services, broadcasting and cable services. IT and IT enabled Services only (for essential services) and as far as possible to work from home.
   e. Delivery of all essential goods including food, pharmaceuticals, medical equipment through E-commerce.
   f. Petrol pumps, LPG, Petroleum and gas retail and storage outlets.
   g. Power generation, transmission and distribution units and services.
   h. Capital and debt market services as notified by the Securities and Exchange Board of India.
   i. Cold storage and warehousing services.

j. Private security services.
k. Data and call centers ***for Government activities only***.
l. Farming operations by farmers and farm workers in the field.
m. 'Custom Hiring Centres (CHC)' related to farm machinery.
n. Shops of agriculture machinery, its spare parts (including its supply chain) and repairs to remain open.
o. Shops for truck repairs on highways, preferably at fuel pumps.
p. Operations of the fishing (**marine**)/aquaculture industry, including feeding & maintenance; hatcheries, feed plants, commercial aquaria, movement of fish/shrimp and fish products, fish seed/feed and workers for all these activities.

All other establishments may work-from-home only.

5. Industrial Establishments will remain closed.
   Exceptions:
   a. Manufacturing units of essential goods, including drugs, pharmaceutical, medical devices, their raw materials & intermediates.
   b. Production units, which require continuous process, after obtaining required permission from the State Government.
   c. Coal and mineral production, transportation, supply of explosives and activities incidental to mining operations.
   d. Manufacturing units of packaging material for food items, drugs, pharmaceutical and medical devices.
   e. Manufacturing and packaging units of Fertilizers, Pesticides and Seeds.
   f. Tea industry, including plantation with maximum of 50% workers.

6. All transport services – air, rail, roadways – will remain suspended.
   Exceptions:
   a. Transportation for essential goods only.
   b. Fire, law and order and emergency services.
   c. Operations of Railways, Airports and Seaports for cargo movement, relief and evacuation and their related operational organisations.
   d. Inter-state movement of goods/ cargo for inland and exports.
   e. Cross land border movement of essential goods including petroleum products and LPG, food products, medical supplies.
   f. Intra and inter-state movement of harvesting and sowing related machines like combined harvester and other agriculture/horticulture implements.
   g. Transit arrangements for foreign national(s) in India. **(as per attached SOP)**

7. Hospitality Services to remain suspended
   Exceptions:

a. Hotels, home stays, lodges and motels, which are accommodating tourists and persons stranded due to lockdown, medical and emergency staff, air and sea crew.
b. Establishments used/ earmarked for quarantine facilities.

8. All educational, training, research, coaching institutions etc. shall remain closed.

9. All places of worship shall be closed for public. No religious congregations will be permitted, without any exception.

10. All social/ political/ sports/ entertainment/ academic/ cultural/ religious functions / gatherings shall be barred.

11. In case of funerals, congregation of not more than twenty persons will be permitted.

12. All persons who have arrived into India after 15.02.2020, and all such persons who have been directed by health care personnel to remain under strict home/ institutional quarantine for a period as decided by local Health Authorities, failing which they will be liable to legal action under Sec. 188 of the IPC.

Exceptions:
a. Release of quarantined persons, who have arrived in India after 15.2.2020, after expiry of their quarantine period and being tested Covid-19 negative **(as per attached SOP).**

13. Wherever exceptions to above containment measures have been allowed, the organisations/employers must ensure necessary precautions against COVID-19 virus, as well as social distance measures, as advised by the Health Department from time to time.

14. In order to implement these containment measures, the District Magistrate will deploy Executive Magistrates as Incident Commanders in the respective local jurisdictions. The Incident Commander will be responsible for the overall implementation of these measures in their respective jurisdictions. All other line department officials in the specified area will work under the directions of such incident commander. The Incident Commander will issue passes for enabling essential movements as explained.

15. All enforcing authorities to note that these strict restrictions fundamentally relate to movement of people, but not to that of essential goods.

16. The Incident Commanders will in particular ensure that all efforts for mobilization of resources, workers and material for augmentation and expansion of hospital infrastructure shall continue without any hindrance.

17. Any person violating these containment measures will be liable to be proceeded against as per the provisions of Section 51 to 60 of the Disaster Management Act, 2005, besides legal action under Sec. 188 of the IPC.

Note: As specified in the lockdown measures, social distancing and proper hygiene practices must be ensured in each of the above activities. It will be the responsibility of the head of the organisation/establishment to ensure compliance of such norms. The district authorities will ensure strict enforcement.

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STANDARD OPERATING PROCEDURE (SOP) FOR TRANSIT ARRANGEMENTS FOR FOREIGN NATIONALS STRANDED IN INDIA

Sub-Clause (g) in exception to clause 6

It has been brought to the notice of this Ministry that a number of foreign nationals are stranded in different parts of the country, due to the lockdown measures. Some foreign countries have approached Government of India for evacuation of their nationals to their countries.

2. In view of the above, it has now been decided that requests received from foreign governments, for evacuation of their nationals from India, would be examined by the Ministry of External Affairs (MEA), Government of India on case to case basis. In cases where such requests are endorsed by MEA, the following protocol would be observed:

i) The chartered flight would be arranged by the concerned foreign government in consultation with the Ministry of Civil Aviation, Government of India.

ii) Prior to departure, the foreign national(s) would be screened for COVID-19 symptoms as per the standard health protocol. Only those foreign national(s) would be allowed to leave, who are asymptomatic for COVID-19. In case of symptomatic person(s), the future course of treatment would be followed, as per the standard health protocol.

iii) The local transportation arrangements from the place of stay of the foreign national(s) to the point of embarkation would be arranged by the local Embassy/Consulate of the respective foreign government.

iv) The transit pass for movement of the vehicle deployed for movement of the foreign national(s) would be issued by the Government of the State/Union Territory where the foreign national(s) is/are staying.

v) The transit pass, as issued above, would be honoured/ allowed by the authorities of the State/Union Territories along the transit route.

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STANDARD OPERATING PROCEDURE FOR RELEASE OF QUARANTINED PERSONS, AFTER EXPIRY OF QUARANTINE PERIOD AND TESTED COVID-19 NEGATIVE

Sub-Clause (A) in exception to clause 12

With a view to preventing spread of COVID-19 and as a measure of abundant precaution, persons returning from foreign locations after 15.2.2020 had been quarantined in government/government-arranged facilities. In respect of these persons, the following protocol would be observed after completion of the specified mandatory quarantine period:

i) Person(s) testing negative for COVID-19, and as per standard health protocol, would be released from the said quarantine facility(ies). However, this will not apply to a group, where even one person tests positive for COVID-19.

ii) These persons are expected to return to their homes, or to the homes of their families/relatives/friends or to other places of shelter like hotels, etc., by making their own transport arrangements.

iii) The transit pass for movement of vehicle(s), being used by such person(s), would be issued by the Government of the State/Union Territory where they have been quarantined.

iv) The transit pass will be issued for fixed route and with specified validity and such person(s) shall follow the same.

v) The transit pass, as issued above, would be honoured/ allowed by the authorities of the State/Union Territories along the transit route.

vi) As a measure of abundant caution, upon returning to their destination such persons would home quarantine themselves for a further period of 14 days as per standard protocol on the matter.

vii) Details of person(s) released from quarantine, along with their destination, will be shared with the concerned State/UT Government for necessary follow up.

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OFFENCES AND PENALTIES FOR VIOLATION OF LOCKDOWN MEASURE

A. SECTION 51 TO 60 OF THE DISASTER MANAGEMENT ACT, 2005

51. Punishment for obstruction, etc.—Whoever, without reasonable cause —

(a) obstructs any officer or employee of the Central Government or the State Government, or a person authorised by the National Authority or State Authority or District Authority in the discharge of his functions under this Act; or

(b) refuses to comply with any direction given by or on behalf of the Central Government or the State Government or the National Executive Committee or the State Executive Committee or the District Authority under this Act,

shall on conviction be punishable with imprisonment for a term which may extend to one year or with fine, or with both, and if such obstruction or refusal to comply with directions results in loss of lives or imminent danger thereof, shall on conviction be punishable with imprisonment for a term which may extend to two years.

52. Punishment for false claim.—Whoever knowingly makes a claim which he knows or has reason to believe to be false for obtaining any relief, assistance, repair, reconstruction or other benefits consequent to disaster from any officer of the Central Government, the State Government, the National Authority, the State Authority or the District Authority, shall, on conviction be punishable with imprisonment for a term which may extend to two years, and also with fine.

53. Punishment for misappropriation of money or materials, etc.—Whoever, being entrusted with any money or materials, or otherwise being, in custody of, or dominion over, any money or goods, meant for providing relief in any threatening disaster situation or disaster, misappropriates or appropriates for his own use or disposes of such money or materials or any part thereof or wilfully compels any other person so to do, shall on conviction be punishable with imprisonment for a term which may extend to two years, and also with fine.

54. Punishment for false warning.—Whoever makes or circulates a false alarm or warning as to disaster or its severity or magnitude, leading to panic, shall on conviction, be punishable with Imprisonment which may extend to one year or with fine.

55. Offences by Departments of the Government.—(1) Where an offence under this Act has been committed by any Department of the Government, the head of the Department shall be deemed to be guilty of the offence and shall be liable to be proceeded against and punished accordingly unless he proves that

the offence was committed without his knowledge or that he exercised all due diligence to prevent the commission of such offence.

(2) Notwithstanding anything contained in sub-section (1), where an offence under this Act has been committed by a Department of the Government and it is proved that the offence has been committed with the consent or connivance of, or is attributable to any neglect on the part of, any officer, other than the head of the Department, such officer shall be deemed to be guilty of that offence and shall be liable to be proceeded against and punished accordingly.

56. Failure of officer in duty or his connivance at the contravention of the provisions of this Act.—Any officer, on whom any duty has been imposed by or under this Act and who ceases or refuses to perform or withdraws himself from the duties of his office shall, unless he has obtained the express written permission of his official superior or has other lawful excuse for so doing, be punishable with imprisonment for a term which may extend to one year or with fine.

57. Penalty for contravention of any order regarding requisitioning.—If any person contravenes any order made under section 65, he shall be punishable with imprisonment for a term which may extend to one year or with fine or with both.

58. Offence by companies.—(1) Where an offence under this Act has been committed by a company or body corporate, every person who at the time the offence was committed, was in charge of, and was responsible to, the company, for the conduct of the business of the company, as well as the company, 25 shall be deemed to be guilty of the contravention and shall be liable to be proceeded against and punished accordingly: Provided that nothing in this sub-section shall render any such person liable to any punishment provided in this Act, if he proves that the offence was committed without his knowledge or that he exercised due diligence to prevent the commission of such offence. (2) Notwithstanding anything contained in sub-section (1), where an offence under this Act has been committed by a company, and it is proved that the offence was committed with the consent or connivance of or is attributable to any neglect on the part of any director, manager, secretary or other officer of the company, such director, manager, secretary or other officer shall also, be deemed to be guilty of that offence and shall be liable to be proceeded against and punished accordingly.

Explanation.—For the purpose of this section— (a) "company" means any body corporate and includes a firm or other association of individuals; and (b) "director", in relation to a firm, means a partner in the firm.

59. Previous sanction for prosecution.—No prosecution for offences punishable under sections 55 and 56 shall be instituted except with the previous sanction of the Central Government or the State Government, as the case may be, or of any officer authorised in this behalf, by general or special order, by such Government.

60. Cognizance of offences.—No court shall take cognizance of an offence under this Act except on a complaint made by— (a) the National Authority, the State Authority, the Central Government, the State Government, the District Authority or any other authority or officer authorised in this behalf by that Authority or Government, as the case may be; or (b) any person who has given notice of not less than thirty days in the manner prescribed, of the alleged offence and his intention to make a complaint to the National Authority, the State Authority, the Central Government, the State Government, the District Authority or any other authority or officer authorised as aforesaid.

Section 188 in The Indian Penal Code

188. Disobedience to order duly promulgated by public servant.—Whoever, knowing that, by an order promulgated by a public servant lawfully empowered to promulgate such order, he is directed to abstain from a certain act, or to take certain order with certain property in his possession or under his management, disobeys such direction, shall, if such disobedience causes or tends to cause obstruction, annoyance or injury, or risk of obstruction, annoyance or injury, to any person lawfully employed, be punished with simple imprisonment for a term which may extend to one month or with fine which may extend to two hundred rupees, or with both; and if such disobedience causes or trends to cause danger to human life, health or safety, or causes or tends to cause a riot or affray, shall be punished with imprisonment of either description for a term which may extend to six months, or with fine which may extend to one thousand rupees, or with both.

Explanation.—It is not necessary that the offender should intend to produce harm, or contemplate his disobedience as likely to produce harm. It is sufficient that he knows of the order which he disobeys, and that his disobedience produces, or is likely to produce, harm.

Illustration
An order is promulgated by a public servant lawfully empowered to promulgate such order, directing that a religious procession shall not pass down a certain street. A knowingly disobeys the order, and thereby causes danger of riot. A has committed the offence defined in this section.

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Harsheeta

Meena Arora

> During my treatment, I started reading survivor stories to motivate myself and shared my own experiences online, people who had looked at me with fear, began sending me love and empathy.

Are you or your family member having similar thoughts post-Corona recovery or battling with post-recovery/quarantine issues?

The present book, which is first-of-its kind study of the psychosocial impact of the Pandemic and the Lockdown on the Corona-affected families, may prove useful to you. Written by the eminent Psychologists and Family Counsellors, Dr. Harsheeta and Squadron Leader (Retd) Meena Arora, the Lead Researchers of this segment, as part of the Study Group constituted by the National Book Trust, India for its recently launched Corona Studies Series, the book, based on actual case studies, personal interviews, and responses to an on-line survey conducted during the Lockdown, not only provides insights on the psychosocial impact of the pandemic, but also offers practical tips to cope up with the paradigm shift in lifestyle as well as social, emotional and mental health changes brought about by it among the individuals and families affected by COVID-19.

Enlivened with some colourful illustrations, it is likely to be of immense value to not only to the target audience but also to their caregivers, larger family and social network, psychologists and counsellors, besides being useful for the teachers, students, and researchers of the COVID-19 Pandemic in the genres of psychology, sociology, health economics and management etc.

₹ 135.00

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